

TEMPORARY STAFF HOLIDAY REQUEST FORM

RETURN TO THE BUSINESS CONNECTION AS SOON AS POSSIBLE

Name:

Employee No:

Address:

PLEASE NOTE: IT IS A REQUIREMENT THAT YOU GIVE US TWICE AS MUCH NOTICE AS HOLIDAY REQUIRED.
(For example, if you require one week holiday you are required to give us two weeks notice).

Current Assignment Details:

Name of Company _____

Holiday Dates Required:

From:	To:
Date of return to work:	Total number of hours off work:

TEMPORARY WORKERS SIGNATURE:

Dated

MANAGER/TEAM LEADER AGREEMENT:

Signature

Print Name

Dated

Temp Pay Rate

Please return: The Business Connection, 4th Floor, Hanover House, 85 Hanover Street, Liverpool L1 3DZ
(by fax 0844 358 0111) and contact us by telephone on 0151 285 3821 for confirmation of these dates