

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, 11 Charles Street, Wrexham LL13 8BT
(by fax 01978 356383) and contact us by telephone on 01978 265 468 for confirmation of these dates