



## Holiday Request Form Temporary Worker

Name:	
Place of Work:	
Date of Request:	
Payroll Number:	

From:	
To:	
Number of Days Requested:	
Temporary Worker Sign:	
Authorised (Consultant)	
Number of Days Authorised:	

This form should be completed and forwarded to your consultant prior to the commencement of your holiday.

No holidays should be taken without prior authorisation from your consultant and your line manager at your place of work.

**Fax this request to 0191 2612203**

Central Employment Agency  
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