



LEAVE REQUEST / TERMINATION NOTICE

Date: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

HOLIDAY PAY REQUEST

Please pay out holiday pay owing to me as:

I wish to take holidays between the dates \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_

Total number of days taken \_\_\_\_\_

My return to work / availability will be from \_\_\_\_\_

SICK LEAVE

Dates on Sick Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total number of hours/days on Sick Leave \_\_\_\_\_

Medical Certificate attached Yes  No

BEREAVEMENT LEAVE

Dates on Bereavement Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total number of days on Bereavement Leave \_\_\_\_\_

ALTERNATIVE DAYS

Dates on Alternative Days \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total number of Alternative Days \_\_\_\_\_

TERMINATION OF EMPLOYMENT

Please pay out holiday pay owing to me as:

I am no longer available for temporary work as of \_\_\_\_\_

Enterprise - Temp Signature

PRS# \_\_\_\_\_

Recruiter's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_