

Stafford personnel

Application for Holiday Pay

Name _____

Date _____

Employee Number _____

I am applying for *(Please Circle one)* _____ all /days / hours leave

Date/Time of Leave _____

Type of Leave *(Please Tick one)*

Holiday Pay	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>
ACC	<input type="checkbox"/>
Other Leave	<input type="checkbox"/>

Reason for Leave *(Please Tick one)*

Assignment finished	<input type="checkbox"/>
Termination	<input type="checkbox"/>

Please note:

Any unreturned PPE gear will be deducted from your final pay.

Signature _____

Date _____

Approved by _____
Stafford Business Support Limited

Date _____