

Application for Holiday Pay

Name: _____

Date: _____

Employee Number: _____

I am applying for _____ all/days/hours of leave (*please circle one*)

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"/>

Returned PPE Gear: (*please tick one*)

N/A	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

List of items not returned:

Reason for Leave: (*please tick one*)

Holiday	<input type="checkbox"/>
Wage Top Up	<input type="checkbox"/>
Assignment Finished	<input type="checkbox"/>
Termination	<input type="checkbox"/>
Other	<input type="checkbox"/>

Reason for Request / Termination: _____

Please note: any unreturned PPE Gear will be deducted from your final pay.

Signature: _____

Date: _____

Approved by: _____

Date: _____

Stafford Business Support Limited

Office Use Only:

Deduct outstanding PPE Gear from Holiday Pay

HP\$	PPE\$
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Pack Archive

Database Updated