HOLIDAY FORM

Contractor Name:	Employee Number:
Client Company & Address: Client Contact:	Week Commencing:

Date From	Date To	Total Days
	Total	

I certify that the above is an accurate record of my holiday taken. I understand that holiday which has not been accrued as part of my annual leave entitlement will not be paid for.

Signature:

Name:

Date:

Contractor Signature

I certify that the holiday request was approved in advance and has now been taken as holiday by the above named individual.

Signature:

Name:

Position:

Date:

Client Authorised Signature

Unsigned forms will not be processed

E: timesheets@redlinegroup.com F: 01582 458685 T: 01582 450054
Redline Group Ltd | 230 The Village, Butterfield, Great Marlings |Luton |Beds |LU2 8DL