



COUNTY RECRUITMENT  
**HOLIDAY REQUEST FORM**

Name \_\_\_\_\_

Payroll Number \_\_\_\_\_

Dates requested \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total number of days requested \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Authorised / Declined

Manager \_\_\_\_\_

Date \_\_\_\_\_

Comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**At Least a week's notice is required for any holiday request**