



Agency worker holiday request form

Name of Worker		Telephone Number	
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HOLIDAY REQUEST – DETAILS (to be completed by Temporary Worker)

I would like to request paid holiday:

From to

Total number of days requested

Date of Request

Signed
(by Agency Worker)

Approved*.....
(by Client)

*Please note, whilst your Supervisor has approved this holiday request, payment is not confirmed unless you have received confirmation from the agency that you are entitled to the amount of holiday requested and that you have made your request in the required timescale (see Section 6 of your Terms of Engagement (Contract for Services) for more details

Name of Worker	
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HOLIDAY REQUEST – CONFIRMATION (to be completed by S&R Payroll)

YOUR HOLIDAY REQUEST HAS BEEN APPROVED AND CONFIRMED AS FOLLOWS:

From to

Total number of days approved

Signed

Name of Worker	
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HOLIDAY REQUEST – RECEIPT (to be completed by Medicare Supervisor / Consultant)

YOUR REQUEST FOR PAID HOLIDAYS HAS BEEN RECEIVED BY CLOVER CARE LIMITED. YOU WILL RECEIVE CONFIRMATION SHORTLY OF WHETHER OR NOT YOUR HOLIDAY HAS BEEN APPROVED FOR PAYMENT*.

Time & Date Request Received by Clover Care
Supervisor.....

Signed.....
(by Medicare Supervisor)

*Please note: if you book additional holidays before this holiday has been paid, the amount of holiday you have accrued will be reduced and may affect payment of the holiday requested on this form.