**Holiday Request Form**

|  |  |
| --- | --- |
| Name: |  |
| Total Number of days requested: |  |
| Date From: |  |
| Date To: |  |
| Date of Request: |  |

Signed …………………………………………………………………………Print Name:………….……….………………………………………………

To return this completed form:-

* Email to timesheets@simonnicholasassociates.com
* Fax to 01159 878 494
* Photograph and message to 07969 885 467
* Post to Simon Nicholas Associates, 37B Shearing Hill, Gedling, Nottingham NG4 3GY

Please note that all holiday request forms must be submitted 7 days before due date of holiday request.

|  |
| --- |
| Office Use only |
| Payroll Number: |  |
| Processing Date: |  |

Signed …………………………………………………………………………Print Name:………….……….………………………………………………