JOSOEMAG SERVICES LTD

Holiday Request Form

Employee Name:	Date Submitted to Office:

Holidays/Days Off (State Dates Required)

Last Shift Planned to Work:

Start Back Date: _____   Time Available: _____

Please indicate if holiday pay is required on payday prior to holiday period: YES/NO

Important Notes:
Not more than one officer at a time is allowed to be absent on holiday from a multi-manned site.
Holidays are to be applied for a minimum of <u>four</u> working weeks before the start date.
Holidays will not be accepted unless in exceptional circumstances during the Christmas/New Year period and on Bank Holidays

For Office Use Only

Accounts Department (For Entitlement Confirmation)

Entitlement b/f _____No. of days request (above) _____ Entitlement Remaining: _____

Signed:_____ Print Name:_____ Date:_____

Managing Director or nominated qualified person

Approved   Y/N   If no, state reasons for rejection _____

Employee Notified: _____

Signed:_____ Print Name:_____ Date:_____

Control Room (For Approved Holidays Only)

Scheduled on system? Y/N   Rota Adjusted? Y/N   Date of Input:_____

Signed:_____ Print Name:_____ Date:_____

Note: File in Employee Personnel File

Employee Signature   _____

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