



# Helping Hands Allcare Ltd

## HOLIDAY REQUEST FORM

Employee Name: \_\_\_\_\_

**I would like to take the following dates as part of my Annual Leave Entitlement:**

First Day of Leave:            \_\_\_ / \_\_\_ / \_\_\_

Last Day of Leave:            \_\_\_ / \_\_\_ / \_\_\_

Date returning to work:        \_\_\_ / \_\_\_ / \_\_\_

**\*PLEASE NOTE: All leave must be granted. Leave will only be paid if it is approved and you are due Holiday pay. Requests for Unpaid Leave or extended leave should be discussed with Elaina**

If it is not possible for us to grant you the above dates due to Leave already booked, do you have alternative dates you would like to take instead? **YES / NO**

**Alternate Dates:**

First Day of Leave:            \_\_\_ / \_\_\_ / \_\_\_

Last Day of Leave:            \_\_\_ / \_\_\_ / \_\_\_

Date returning to work:        \_\_\_ / \_\_\_ / \_\_\_

**Signed:..... (Carer)**

.....  
Please book half of your leave entitlement between April and September and the other half of your entitlement between October and March.  
.....

**To:**

This is to advise you that your request for holiday for the following dates:-  
.....Has / has not been approved.

**From: Elaina Birch- Registered Manager**

Signed: \_\_\_\_\_ Number of leave days remaining