

HOLIDAY PAY REQUEST

Please complete the following and return to the Payroll Section, Finance Office, by the Monday prior to the Friday that the payment is required.

Name: _____
(in BLOCK capitals)

Staff No.: _____

Leave begins: _____

Leave ends: _____

Total Number of Working Days:

Please arrange holiday pay to be available on Friday:

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day month year

Signature of Applicant

Date

Authorised Signature on
behalf of school.

Date