



Temp Holiday Request Form

Name of Temporary Worker:	
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Current Place of Work:	
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Holiday Dates From		To	
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Total number of hours you wish to claim:	
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- **Please note that you will only be able to claim for holiday pay providing that you have provided Alexander Associates with a minimum of one weeks notice.**
- **We will not back date holiday pay**
- **We will not issue holiday pay if we are not informed of your absence, prior to.**
- **Sick leave will not be paid for from your holiday entitlement.**

Temp Signature:	
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Agency Authorisation:	
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Date:	
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