

SWANSEA COLLEGE

HOLIDAY / DAY OFF REQUEST FORM

This form is to record requests for holiday leave and is to be completed by the employee and countersigned by their manager. It must be completed for all requests for holiday leave of ½ day or more.

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| --- | --- |
| Full name of employee: |  |
| First date of proposed holiday absence: |  |
| Last date of proposed holiday absence: |  |
| Total number of working days of proposed absence: |  |
| Balance of annual leave entitlement remaining if this request is authorised: |  |
| Please give any information you would like your line manager to take into account in relation to this request: |  |

I declare the above information to be correct. I understand that my request for holiday is not authorised until this form has been countersigned by my manager.

I accept that any leave that I purport to take without the prior authorisation of my line manager will be viewed by the Company as unauthorised absence, which is a gross misconduct offence and could result in my summary dismissal.

Signed by employee: Signed by Manager:

………………………………… …………………………………

Date: ………………………….. Date: ……………………………

THIS FORM MUST BE SUBMITTED ATLEAST MINIMUM 5 DAYS BEFORE REQUEST.