



HOLIDAY PAY REQUEST FORM

This serves to confirm that I,

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

REQUEST HOLIDAY PAY

(Tick Appropriate Box)

Request Holiday pay due to **ceasing employment** with DKW Recruitment Group Limited  
 Date Ceasing Employment (*actual finishing date*)

Request holiday pay for the **number of working days** on leave (please complete below)  
 First Day of Leave  
 Last Day of Leave  
 Number of Working days Leave Requested  
 Date returning to Work

Other \_\_\_\_\_ Holiday Amount \$ \_\_\_\_\_

DAY IN LIEU

Request **Day in Lieu**  
 Date of Leave Requested

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ BRANCH: \_\_\_\_\_

OFFICE USE ONLY

Hourly Rate: \$ \_\_\_\_\_

Amount Owed (Gross)\$ \_\_\_\_\_

Approval / Authorisation by Payroll Manager

Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ STAMP