



HOLIDAY REQUEST FORM

NAME:	
AMOUNT OF FUNDS ACCRUED TO BE PAID: (In Numbers)	£
AMOUNT OF FUNDS ACCRUED TO BE PAID: (In Words)	£
DATE TO BE PAID:	

Signed: _____ Date: _____

Please note that the date to be paid will be a payroll Friday and all holiday request forms must be received at least 2 weeks prior to the requested paid date.

You can leave the forms into the office, scan and e-mail them to timesheets@balmoral.healthcare or fax to 0800 242 5701