



**MONTH:**  
**ENTERED:**  
**SENT:**

**APPLICATION FOR HOLIDAY ENTITLEMENT**

**NAME:** \_\_\_\_\_ **PAYROLL No:** \_\_\_\_\_

**EMPLOYMENT LOCATION:** \_\_\_\_\_

**DEPARTMENT/SHIFT:** \_\_\_\_\_

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
NUMBER OF HOURS/DAYS:							

**TOTAL HOURS PER 1<sup>ST</sup> WEEK:** \_\_\_\_\_

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
NUMBER OF HOURS/DAYS:							

**TOTAL HOURS PER 2<sup>ND</sup> WEEK:** \_\_\_\_\_

WEEK 3	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
NUMBER OF HOURS/DAYS:							

**TOTAL HOURS PER 3<sup>RD</sup> WEEK:** \_\_\_\_\_

**PLEASE LIST BELOW ALL PLACES YOU TRAVELLED TO DURING YOUR HOLIDAY, including any transit places.**

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(Please note that if you come into contact with/or contract any infectious/contagious diseases or diarrhoea and/or sickness during your holiday, you must notify an Agency Representative before returning to work to arrange a 'return to work' interview.)

DATE FORM COMPLETED:     /     /

SIGNED (employee):

**ON SITE MANAGERS/SUPERVISORS ONLY (if applicable)**

MANAGER/SUPERVISOR NAME: \_\_\_\_\_

SIGNED (Manager/Supervisor): \_\_\_\_\_ DATE: \_\_\_\_\_

**TOPFLIGHT PERSONNEL STAFF ONLY**

HOLIDAY GRANTED:            YES/NO

FACTORY INFORMED:            YES/NO

ENTERED ON PAYROLL:        YES/NO

CORRECT NOTICE GIVEN:    YES/NO

SIGNED (TopFlight Personnel staff):

DATED: \_\_\_\_\_

