

Holiday/Absence Request Form

Employee name:				
Department:				
Site:				
Dates of Absence:				
Number of Days: (for ½ days specify am/pm)				
Holiday from annual leave entitlement (Please tick)	Yes		No If no please complete below absence type box below	

Important information;

- Your holiday/absence is not authorised until this form is signed by your manager.
- Please do not make commitments until your request has been approved to avoid disappointment.
- If you have not received authorisation within 10 working days please refer back to your Head of Department / Manager.
- Please note special permission is required for 2 weeks or more from your Head of Department and the People Team.
- As much notice as possible is required when booking holidays to avoid any disappointment.
- Not more than one-half of any one department may be away at any one time.
- Holidays must be taken in full or ½ days only. Please note there is no half day booking for Fridays and Fridays are booked as full days.

Absence Type - Other

Please tick as applicable	Absence Type	Reason
	Paid authorised absence (please provide reason)	
	Paid authorised absence for Hospital appointment	Hospital appointment up to ½ day Time of appointment : _____ Please note; Hospital appointment letter must be attached with this form and your Head of Dept/Manager informed.
	Unpaid authorised absence (please provide reason)	

If you are unsure if your absence should be paid or unpaid please refer to the company handbook or ask a member of the People Team

Employee Signature: _____ Date: _____

Authorised by Manager: _____ Date: _____

Authorised by Personnel & Astrow updated: _____ Date: _____