



Holiday Request Form

	Total holiday entitlement	
	Days taken to date	
	Days requested	
	Days remaining	
Name		
Date		
Current site		
Host employer		
College name		
College days		
Holiday dates requested		
Number of days:		
Reason for request:		
Employee signature		

For office use only

Decision		
By who		
Date host employer informed		
Host employer confirmed	Yes	No
Final decision	Yes	No
Date employee informed		