



Employee Holiday Application Form

Requests for holidays must be discussed and agreed with your Employer at least two weeks before you wish to take holiday leave.

Employee Name: _____ Employee Number: _____

IF Client/Consumer Name: _____

I wish to apply for Holidays as follows:

My first day on Holiday will be: _____ I will return to work on: _____

The hours I usually work on the days I want off are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Support Type <i>(Please indicate)*</i>	PC HM RC	PC HM RC	PC HM RC	PC HM RC	PC HM RC	PC HM RC	PC HM RC
PC: Personal Care							
HM: Household Management							
RC: Respite Care							
	<p>*The Support Type is the IF budget your support worker is paid from based on the work they usually do. You can choose more than one budget if they provide you support with different IF budgets you have allocated.</p>						

Number of **working days** to be taken as holidays: _____

Number of **hours** to be taken as Holidays: _____

Type of Holiday (✓Appropriate)

- Annual Holiday
- Special – Paid
- Special – Unpaid
- Time in Lieu
- Alternate Holiday
- Other (Please supply details) _____

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____