

## Holiday Pay Request

<b>Candidate Name:</b>	
<b>Week Ending:</b>	\ \
<b>Client Name:</b>	

	Number of Days
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Days Total	

**I can confirm the named candidate has requested leave for the dates shown above.**

<p><b>* TO BE COMPLETED BY THE CLIENT</b></p> <p>I hereby certify that I have checked this holiday request and confirm this is acceptable.</p>	<p>_____</p> <p><b>Clients Signature</b></p> <hr/> <p><b>Print Name</b></p> <hr/> <p><b>Position</b></p> <hr/>
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**Once Holiday Pay is authorised, please ensure this is delivered to Berkeley Scott Group by 4.00pm every Friday**

**Post:** Berkeley Scott Holiday Pay, 65 Princess Street, Manchester M2 4EG  
**Fax:** 0845 094 7968

For all queries, please call the Payroll Team on: 0161 233 5897

