



Employee name \_\_\_\_\_ Employee payroll no. \_\_\_\_\_

Date from\*       Date to       No. of days \_\_\_\_\_

Date from\*       Date to       No. of days \_\_\_\_\_

Do you wish to be paid if entitled? Yes  No

**client authorisation**

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

On behalf of (company) \_\_\_\_\_

**client use only:**

Do you require cover for the above period(s) Yes  No

If yes, please indicate number of days, number of temps, etc. \_\_\_\_\_

\*All Acorn employees must give twice as much notice as the number of days leave you wish to take, eg. for 2 days leave, we require 4 days notice.



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