Holiday Notification Form

Name:

|  |  |
| --- | --- |
| Leave Date from | To Inclusive |
|  |  |
| Total number of days |  |
|  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_