

## **Leave Application/Holiday Pay Request Form**

Full Name:		Employee ID:			
Start Date:		_ End Date:			
Number of Days Applied For:				<del></del>	
Type of Leave:	Paid Annual Leave				
(Have you been in this assignme	ent/continual employment w	ith Select Recruitment for 12	? months o	or more: Yes 🗆	No :
(Have you been in this assignme	Sick ent continually (no breaks) v	□vith Select Recruitment for 6	months of	r more: Yes 🗆	No 🗆
	Lieu			<del></del>	
	Miscellaneous				
Assignment Details: Role: _	Bu	siness/Company:	· · · · · · · · · · · · · · · · · · ·		
Signed:	<del></del>				
Dated:					
Please return this form to:  Branch to complete:  Approval:  Name:  Signature:	Tit	(a division of AWF Limit	·		
For Bereavement / Alternate / Pu	blic Holiday / Sick Leave onl	y:			
RDP? ☐ Yes ☐ No Curr	ent hourly rate: \$	Total leave balance:			
(see notes below) Leav	e entered on electronic timesh	eet? □ Yes □ No			
Notes: Is employee employed within a defined v	work pattern (supported by assignn	nent confirmation in Fastrack). <b>or</b>	□ Yes	□ No	
Do we have a roster to work from, <b>or</b>			□ Yes		
Can we establish a working pattern from	• .		□ Yes		
Do hours or days of work remain the sar	пе мини ше рау репос.		□ res	□ NO	
IF ANSWERED YES = RDP - is the amo IF ANSWERED NO = NOT RDP - ADP				number of weeks w	vorked.