## Leave Application/Holiday Pay Request Form

Full Name: $\qquad$ Employee ID: $\qquad$
Start Date: $\qquad$ End Date: $\qquad$

Number of Days Applied For: $\qquad$

Type of Leave:
Paid Annual Leave
(Have you been in this assignment/continual employment with Select Recruitment for 12 months or more: Yes $\square \quad$ No $\square$ )
Sick
$\qquad$
(Have you been in this assignment continually (no breaks) with Select Recruitment for 6 months or more: Yes $\square \quad$ No $\square$ )

## Lieu

$\qquad$

Miscellaneous $\square$
$\qquad$

Assignment Details: Role: $\qquad$ Business/Company: $\qquad$
Signed:
Dated:

Please return this form to: Select Recruitment (a division of AWF Limited)
Branch to complete:

## Approval:



