



better work, better life



ADECCO HOLIDAY PAY REQUEST FORM

Date _____ Candidate No _____ Branch _____

This serves to confirm that I,

Surname _____ Given Name _____

Tick appropriate box

Request Holiday pay due to ceasing employment with Adecco Personnel Ltd (Stand-down period of 28 days applies)

Request Holiday pay for the number of working days on leave (please complete below)

First Day of Leave

Last Day of Leave

Number of Working Days Leave Requested

Date Returning to Work

Employee Signature

Date

Branch Endorsement

Adecco Consultant

Date

Head Office Use Only:

Wk/End _____ Holiday Pay Balance \$

Gross Pay W/E Date

/ /

Gross Pay \$ x 8% = \$

Calculations

Total Holiday Pay Owing \$

Amount to be Paid \$
