



Associate Leave Request Form

*** Branch use only ***

Applicable Weekending Date (Should be a Sunday): / /20 Branch: _____

Associate First Name: _____ Associate Surname: _____

Fasttrack ID: 1 _ _ _ _ _

ADP RDP HP review Comment: _____

Adecco Consultant: _____ Date of request: _____

*** Associate use only ***

Please tick correct box (es):

Holiday Pay Alternate Day Other. Please specify: _____ leave.

Request **Holiday pay due to TERMINATING** employment with Adecco Personnel Ltd (Stand down period of 4 weeks applies)

Please fill out information below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		TOTAL
Date									
Days/Hours									
Leave type									

Associate First Name & Surname: _____ Associate Signature: _____

*** Payroll use only ***