



Request for Holidays

Agency Worker Name:	
Contracted to:	
Date of Request:	
Agency Worker Signature:	

Date(s) requested for Holidays	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Authorised By (Name):	
Position :	
Signature:	

PLEASE RETURN COMPLETED FORM TO:

Escape Recruitment Services
Unit 6, Alderstone Business Park
Macmillan Road
Livingston
EH54 7DF

FAX: 01506 517208
Email: accounts@go-escape.com

FOR OFFICE USE ONLY			
RECEIVED:		BY:	
HR UPDATED:		BY:	

V1.0.0