



Holiday Pay Request

FOR WEEK ENDING:	
CANDIDATE NAME:	
CLIENT / ORGANISATION:	

Minimum request is 0.5 Days.	Number of Days
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Holiday Days Total	

I confirm the above candidate has requested leave for the dates shown above.

Client Signature	
Name	
Position	

For prompt payment, correctly authorised Holiday Pay Requests are required by 5.00pm on Monday.
Please:

FAX signed HOLIDAY PAY REQUESTS to

020 7665 4291

or

EMAIL signed HOLIDAY PAY REQUESTS to

admin@vhrecruit.com

For any queries, please call your consultant on

020 7665 4290

**Acceptance of this information will be deemed as acceptance of our Terms and Conditions of Business-
for an additional copy please go to our website :**

www.vhrecruitment.co.uk/TandC.asp

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