

HOLIDAY REQUEST FORM

1.	YOUR DETAILS	5				
	Contractor Name					
	Payroll Number					
	Client Name					
	Manager Name					
	Holiday Start Date					
	Holiday End Date					
	Number of Day	s Holiday				
	Return to Work	Return to Work Date				
	Will this Holiday be Paid		☐ Yes	□ No		
Wa	ant to go on holi 1. Complete t	day? Follow the Steps be	elow.			
	•	· Manager authorises you	ır leave and ask them	to sign the form.		
	-	form to Ambitek at least		_		
	Via Post: Ambitek Limited, 24 Churc					
	Via Fax: 0161 884 0569			menester, wiso of	21	
	Via Email:	accounts@ambitek.co.u	ık			
	Via Linaii.	accounts@ambitek.co.d	410			
Contractor Signature				Full Name		
Dat	e					
Manager Signature				Full Name		
Dat	:e					

For further Information please visit our website www.ambitek.co.uk or call our offices on 0161 850 0834.