Holiday Request Form

Staff annual leave request with dates, days requested, cover arrangements and manager approval.

Employee name *	
Department	
Manager *	
First day of leave *	_____ / _____ / _____
Last day of leave *	_____ / _____ / _____
Number of working days requested *	
Leave type *	☐ Annual leave ☐ Unpaid leave ☐ TOIL ☐ Compassionate ☐ Other
Cover arrangements	
Comments	
Manager decision	☐ Approved ☐ Declined ☐ Pending
Manager comments	

* Required