

HOLIDAY FORM

EMAIL TO:
payroll@blueprintrecruit.com

Week Commencing:	Client Company & Address:
Contractor Name:	
PLEASE STATE DAYS AS DECIMALS. E.G ½ DAY = 0.5	
Client Contact:	

	Date	Holiday Hour(s)Taken
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total		

Contractor Declaration

I certify that the above is an accurate record of my holiday taken. I understand that holiday which has not been accrued as part of my annual leave entitlement will not be paid for.

Signature:
Date:

Client Authorisation

I certify that the holiday request was approved in advance and has now been taken as holiday by the above named individual.

Name: _____ Position: _____
Signature: _____ Date: _____

**Please return to Blueprint Recruitment Solutions at least 1 week before holiday
Unsigned forms will not be processed**

e: payroll@blueprintrecruit.com

t: 02392603030

f: 02392603031

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