



ADMIN SERVICES HOLIDAY REQUEST FORM

To (client):.....

From (contractor).....

Start Date	Start Day	End Date	Return Day	Total No, of days holiday

Number of days remaining prior to request

Number of days remaining after request

Client approval signed:

Position printed)

Name:

Date:

Airglide US approval:

Position: Date:

Contractor Signature:

Date:

Fax to : 0800 500 3196 (24hr) or Email : info@airglideus.com for final approval

Office use only:	approval	Not approved	Ref: