

APPLICATION FOR HOLIDAY PAY

Name: _____

Address: _____

Branch: _____

Consultant: _____

Date /s Taken: _____

Annual leave must be approved prior to taking it.

Please indicate where applicable:

☐ I wish to remain available for temporary employment with ALIGNZ Recruitment and would like to apply for the following:

☐ I wish to apply for _____ day /s bereavement leave

☐ Alignz Recruitment have approved this bereavement leave request

☐ I wish to discontinue my employment with ALIGNZ Recruitment and receive all outstanding accrued holiday pay and alternate days

Applicant: _____ Signature of Applicant: _____

Consultant: _____ Signature of Consultant: _____

Please return via fax on Hamilton 07 855 2739 or Auckland 09 279 9987 or
via email Hamilton office: accounts@alignzrecruitment.co.nz OR Auckland office: sales@alignzrecruitment.co.nz