

Application for Holiday Leave



- Employees copy
- Personal file

Name, Surname Branch:

From ____ . ____ . ____	To ____ . ____ . ____	Amount of working days: ____
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Application for

- recreation leave
- special leave *
- non paid holidays **
- compensation

Reason:
Reason:

* definitely accepted after delivering documents

**Please notice that a longer period of non paid holidays might effect your health insurance.
Contact us or your health insurance for details.

Date + Name + Signature Employee	Date + Name + Signature Client	Date + Name + Signature Tecline
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Comments:

Please remember that you should take all left vacation days from the previous year latest before March 31st of the next year.
Payment of not taken vacation days is not possible.