

Employer: _____

Reference: _____

Date of LAST payroll processed by previous payroll provider :

(if applicable)

Employee name:

Annual holiday allowance to be allocated on a pro-rata basis:

Holiday hours accrued up to date last payroll was processed:

Holiday hours taken so far since 6th April 2024:

Employee name:

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Holiday hours accrued up to date last payroll was processed:

Holiday hours taken so far since 6th April 2024:

Employee name:

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