



Centred on Success
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TEMP/CONTRACTOR REQUEST FOR PAID LEAVE

Full name: _____

COS Branch Registered At: _____

Date of Birth: ____ / ____ / ____

Employee No. (see payslip): _____

I would like to take the following paid leave, subject to qualifying criteria:

First date of absence: ____ / ____ / ____

Return to work date: ____ / ____ / ____

This holiday includes ____ days paid and/or ____ days unpaid.

OR

I would like to be paid any holiday entitlement due as I am terminating my services with COS.

TEMP SIGNATURE

DATE

