

Request for Holiday Leave

Employees copy

Name, Surname:

from ____ . ____ . ____	to ____ . ____ . ____	Amount of working days: ____
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- holiday leave
- special leave*
- non paid holidays**
- compensation

Reason:
Reason:

requested

- Wichtig!**
- * This form must be delivered to TecLine 14 days before absence.
 - * If this form is delivered too late, cost for accomodation and/or rental car will be deducted.
 - * Without permission by TecLine this time of absence will nit be paid!

* definetely accepted after delivering documents.
 ** Reasson(s) must be explained in detail.

Date Name:	Absence is accepted Name	Date Name:
Emoloyee signature	Client signature	TecLine signature:

Comments/Remarks
