



CLAIM FOR PUBLIC HOLIDAY ENTITLEMENTS

Name:	_____	Staff No:	_____
Location:	_____	Ext. No:	_____
Department:	_____		

I wish to claim payment for the following public holiday/s which fell on days when I was not scheduled to work:

List dates:

I wish to claim time in lieu for the following public holiday/s which fell on days when I was not scheduled to work:

List dates:

*Please note that any days you are claiming for **may** be taken as time in lieu **only on agreement** with your Head of Function.*

I declare that the information given above is accurate and complete.

Signed: _____ **Date:** ____ / ____ / ____
Staff Member

Approved: _____ **Date:** ____ / ____ / ____
Head of Function

Approved: _____ **Date:** ____ / ____ / ____
Head of HR Services

It is your responsibility to complete this form to claim for any public holidays/concession days which fall on days when you are not scheduled to work.