

# Application for Holiday Pay

**Your Consultant's Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Date/s Taken:** \_\_\_\_\_

Annual leave must be approved prior to taking it.  
Please indicate where applicable:

- I wish to remain available for temporary employment with Madison and would like to apply for the following:
- I wish to apply for \_\_\_\_ day/s annual leave
  - I wish to apply for \_\_\_\_ alternative day/s that are owing to me
- I wish to discontinue my employment with Madison and receive all outstanding accrued holiday pay and alternate days

**Signature of Applicant:** \_\_\_\_\_

**Signature of Consultant:** \_\_\_\_\_

Please return this to your consultant via email or post to:

Auckland  
Auckland South East  
Waikato  
Wellington  
Christchurch

PO Box 105 675, Auckland 1143  
PO Box 259 253, Botany 2163  
PO Box 19382, Hamilton 3244  
PO Box 3357, Wellington 6140  
PO Box 2044, Christchurch 8140