Holiday Cash Up Form

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| **Name of Agent:**(name of person receiving funding for home support) |  |
| **Name of Agent:** (If applicable the person managing funds of behalf of another) |  |
|  **Name of Employee:** |  |

**Name of IF Manager:**

(name of person receiving funding for home support)

**I wish to cash up a portion of my holiday entitlement: (Please tick one)**

 **\_\_\_\_\_\_\_\_\_ Days of Annual Leave**

 **One week holiday (Maximum)**

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| --- | --- | --- |
| **Signed by worker:** |  | **Date:** |
| **Approved by IF Manager/Agent:** |  | **Date:** |

**Note: The maximum holiday cash up is up to one week of employee’s annual holiday entitlement in a given entitlement year.**

If you are submitting this leave form electronically, we will take the fact that you are emailing form as your declaration that you verify that the hours on the form are a true reflection of the leave your worker has taken. If you are sending it by post or fax, please ensure both you and your employee sign the form.