Holiday Cash Up Form

|  |  |
| --- | --- |
| **Name of Funded Person:**(name of person receiving funding) |  |
| **Name of Agent:** (If applicable the person managing funds on behalf of another) |  |
|  **Name of Employee:** |  |

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

**[ ]  \_\_\_\_\_\_\_\_\_ Days of Annual Leave**

**[ ]  One week holiday (Maximum)**

|  |  |  |
| --- | --- | --- |
| **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.

Please email the completed form to payroll@manawanui.org.nz