



Holiday Claim Form

Nurse Name: _____

Xtra ID number: _____

Increment Pay Scale: _____

I wish to claim holiday pay for shifts worked from _____ to _____

Signed: _____

Date: _____

Print name: _____

I confirm that by claiming my Holiday pay I am taking my statutory annual leave.

****Please note that holiday pay must be claim in the calendar year. Unclaimed holiday pay will be paid automatically in late January/early February of the following year****