



Holiday Pay Claim Form

Nurse Name: _____ **NOC ID:** _____

Incremental Payscale: _____

I wish to claim Holiday Pay for shifts worked from _____ **to** _____

Nurses Signature: _____¹ **Date:** _____

¹ I confirm that by claiming my Holiday Pay I am taking my statutory annual leave.

**** Please note all holiday pay not claimed within the year will be automatically paid to you late January early February the following year****