



## **Holiday Pay Claim Form**

**Healthcare Assistant/Student Nurse Name:** \_\_\_\_\_

**CANA ID:** \_\_\_\_\_ **Incremental Payscale:** \_\_\_\_\_

**I wish to claim Holiday Pay for shifts worked from** \_\_\_\_\_ **to** \_\_\_\_\_

**Healthcare Assistant/Student Nurse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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\*\*\*\*