



Holiday Pay Claim Form

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

Incremental Payscale: _____

I wish to claim Holiday Pay for shifts worked

from _____ **to** _____ **OR** **Amount requested €** _____

Nurses Signature: _____¹ **Date:** _____

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