



**Request for payment of holidays due to holiday obstacle and/or 5th holiday week
concerning holiday year 2016/2017**

Name: _____

Civil reg.no.: _____

Department/section: _____

Number of holidays requested paid out due to **holiday obstacle**:

*Please state holiday obstacle,
see sections 5.1 and
5.2 in the holiday guideline
(Ferievejledningen)*

Number of holidays requested paid out due to **5th holiday week**:

(the number of holidays must not at the same time be registered as holidays requested paid out due to holiday obstacle)

Employee's signature

date

signature

Head of department's/head of sections's signature

date

signature/AUID

- *The form must be submitted to the Payroll Office*

RESERVED FOR PAYROLL OFFICE

LKO	Antal halve dage
5005	