



### Request for payment of remaining holiday in special cases concerning holiday year 2018/2019

Name: \_\_\_\_\_

Civil reg.no.: \_\_\_\_\_

Department/section: \_\_\_\_\_

*Please state holiday obstacle, see sections 5.1 and 5.2 of the Danish Holiday Act (Ferieoven)*

Number of holidays requested paid out due to holiday obstacle:

Number of holidays requested paid out due to 5<sup>th</sup> holiday week:

#### Employee's signature

\_\_\_\_\_

date signature

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

\_\_\_\_\_

date signature

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

#### RESERVED FOR SALARIES OFFICE

LKO	Date	Unit