

## Payment of holiday reservations

AB Werkt Service  
Postbus 1013  
6040 KA Roermond

The undersigned,

Name:

Resource number:

Address:

Requests payment of ..... holiday hours on day(s): .....of week .....

*(e.g. Requests payment of **16** holiday hours on day(s): **Monday and Tuesday** of week **32**)*

Please tick the appropriate box:

- accrued holiday reservations (maximum number of hours accrued)
- short-term leave
- special leave

Place: .....

Date: .....

Signature: .....

You can send the completed form to: [salarisadministratie@ab-werkt.nl](mailto:salarisadministratie@ab-werkt.nl).

Send in this form in time (in the week for which you want payment)

I would like to receive 5 new payment forms