



Une nouvelle idée
de l'assurance responsable.

CHANGEMENT/CANCELLATION OF DATE PAID HOLIDAY CERTIFICATE

I, the undersigned, _____

Acting as the employer of Mrs – Mr (1) : _____

Employer in the company :

Since : _____

Asked, Mrs – Mr ⁽¹⁾ : _____

Dated : _____ to change/cancel paid holiday previously agreed and validated on _____.

I certify that this changement of the date of paid holiday has been made by myself for the following reason (s) :

— _____
— _____
— _____
— _____
— _____

I certified thats nformations are sincere and true.

Last name, first name, business position :

Signature

Company stamp

(1) *Delete where not applicable*

ASSURINCO

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Sous le contrôle de l'ACAM, Autorité de contrôle des Assurances et des Mutuelles – 61 rue Taitbout – 75009 PARIS
Assurances de responsabilité Civiles Professionnelle & Garantie Financière conforme au Code des Assurances