

Employee Request for Annual Leave

Employe	ee Name: 🔣	IN CIAL	-DE	COTT				
					91			
I reques	t PAID leave fro	om work as j	follov	vs:				
Comme	ncing: <u>7/1</u>	0/ 20	2:					
Ending:	, -			,				
Number	of days to be ta	iken:	1	<u> </u>				
I reques	t UNPAID leave	from work	as fo	llows:			', e .	
Commer	ncing:							
Ending:			/			, 8	*	
Number	of days to be ta	ıken:						
				ken until all leave e e prior authorisatio				
Employe	e's Signature:	lan	Cu.	ltt	1	SPECIALIST	Many	
Authoris		1. th	1		ACTION	-4 OCT 202	2	
J.R. Hayl	noe:					COPIES		
M. O'Brie	M. O'Brien:					Office use only: Days remaining		
MENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM DS	-VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 o	f1	