

## **Employee Request for Annual Leave**

Employe	ee Name:	an	Ca	ldecott				
l reques	t PAID leave fro	am work as	follo	AIC.				
7.04403	i i riib icave ji c	in work as	Jonot	,	Y*			
Commer	ncing:8	Ju	ne					
Ending:		-	_					
Number	of days to be ta	iken:	l					
l request	: UNPAID leave	from work	as fo	llows:				
Commen	cing:	-	a.					
Ending:								
Number	of days to be ta	ken:	_			*		
				iken until all leave e le prior authorisatio				
Employe	e's Signature:	lgi	<u> </u>	th-		MS-SIPECIA	LIST JOINERY LTD	
Authorise	ed by: <i>{</i>	y In	1	<u>/</u>	- Acron	31 MAY	2022	
J.R. Hayh	oe:							
M. O'Brie	M. O'Brien:					Office use only: Days remaining 15		
DOCUMENT OWNER	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC		Page 1 of 1	