

Employee Request for Annual Leave

Employe	ee Name: <u></u>	in Ca	lac	LCOU				
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Commer	ncing:	12.7.	20	122				
Ending:								
Number	of days to be ta	ken:			新 の 日本 大手			
I request	: UNPAID leave	from work a	s follo	ows:				
Commer	icing:		d		100			
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Number	of days to be ta	ken:						
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Employe	e's Signature:	10m	4	ilde	a jilijakasa su ja jilija sa jilija	,		
Authoris	ed by:	1. Cal		•				
J.R. Hayl	noe:		•••••					
M. O'Brid	e n:					Office use Days rema	-	
DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	1 0 0	27/03/2013 22/12/2021 TBC	Pag	e 1 of 1