

Employee Request for Annual Leave

	Employee	Name: <u>IC</u>	un Co	ilde	ecott			
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	i request	PAID leave fro	m work as j	ollow	'S:			
	Commend	cing: 2 4		<u> </u>	22			
	Ending:	28	3 OC	É_	22			
ą .	Number o	of days to be ta	ken:	5				•
			100		*			
	I request	UNPAID leave	from work	as fol	lows:			
	Commend	cing:	14. 14. 14. 14. 14. 14. 14. 14. 14. 14.					
	Ending:							
	Number c	f days to be ta	ken:	/				
					ken until all leave e e prior authorisatio		-	
	Employee	's Signature: .	lou4	T	A			
	Linployee	3 Signature			J/ J/MS	SPECIALIST JO	NERY LTS	
	Authorise	d by:f.	1. [1	h		28 JUL ₂₀₂		
	J.R. Hayh	oe:	1	•••••••	ACTION	COPIES	ODO_	
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			1					
DOCUMENT		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