

Employee Request for Annual Leave

Employe	ee Name:	an (al	elecott.			
I request	t PAID leave fro	m work as	follov	vs:			
Commer	25 incing:	3.20	22				
Ending:							
Number	of days to be ta	ken:		1			
I request	UNPAID leave	from work	as fo	llows:			
Commen	cing:		Įs.				
Ending:							
Number	of days to be ta	ken:		·			
Please N no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	be to out th	ken until all leave er	ntitlement is n of Richard o	used up and or Martin.	
Employed	e's Signature: ૣ૾	Jour					
Authorise	ed by:().	1. [n	4				
J.R. Hayh	oe:						
M. O'Brien:					Office use only: Days remaining		
DOCUMENT REFERENCE: DOCUMENT OWNER:	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	of 1

DOCUMENT