

Employee Request for Annual Leave

Employ	ee Name:	Ianca	ld	ecott	80				
l reques	t PAID leave fro	om work as	follo	ws:					
Comme	ncing:	25 NO	SVE	inber 2	22				
Ending:									
Number	of days to be ta	aken:	n V	1					
l reques	t UNPAID leave	from work	as fo	llows:					
Commer	ncing:								
Ending:			/						
Number	of days to be ta	ken							
Please N no unpai	ote: Unpaid le id leave can be	ave <u>cannot</u> taken witho	be to	aken until all lea ne prior authoris	ave en sation	titlement is of Richard o	used up and or Martin.	1 .	
Employee's Signature:					JMS SPECIALIST JOINERY LTD				
Authorised by:						1 0 NOV 2922			
J.R. Hayh	noe:					ACTION	COPIES		
M. O'Brien:						Office use only: Days remaining			
T 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 of 1	