

## **Employee Request for Annual Leave**

Employe	ee Name:	an	Ca	ldecott			
I reques	t PAID leave fro	om work as	follo	ws:			
Commer	ncing:3¢	0.8.20	22	<u> </u>			
Ending:	9	.9.20	022	•			
Number	of days to be ta	aken:	9				
	,						
I request	UNPAID leave	from work	as fo	llows:			
Commen	cing:			<u>.</u>			
Ending:	,	7		*			
Number	of days to be ta	ken:					
no unpai	d leave can be	ave <u>cannot</u> taken withd	be to	aken until all leave ei ne prior authorisation	ntitlement is n of Richard o	used up and or Martin.	
Employe	e's Signature:		//				
Authorise	ed by:	1. Ca	h		•		
J.R. Hayh	oe:		•••••	*			
M. O'Brien:					Office use only:		
					Days rema	ining	
DOCUMENT REFERENCE:	ADM-FM-001			CREATION DATE:	27/02/2012		
DOCUMENT OWNER:	HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1	