

Employee Request for Annual Leave

Employ	ee Name:	SAM		HMES		_		
l reques	t PAID leave fr	om work as	follo	ws:				
Comme	ncing:	Nov	_}	18H NOV			IJ,	
Ending:								
Number	of days to be t	aken:	1	7				
l reques	t UNPAID leave	from work	as fo	llows:				
Commer	icing:							
Ending:			_	<u> </u>				
Number	of days to be ta	kén:						
Please N no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	be to	iken until all leave e prior authorisati	entitlement is ion of Richard o	used up or Martii	and 1.	
Employed	e's Signature:			JA	/IS SPECIALIST J	OINERY L	TD	
Authorise	ed by:	- J.			_1 NOV :	2022		
J.R. Hayh	oe:			ACTI	ON COF	PIES	to.	
M. O'Brien:						Office use only: Days remaining		
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021		Page 1 of 1	