Employee Request for Annual Leave

Employe	ee Name: SAM CHMCS	
l reques	t PAID leave from work as follows:	
Commer	ncing: 444 1/01/	
Ending:	17-TH NOW	
Number	of days to be taken:	
l request	UNPAID leave from work as follows:	
Commen	cine:	
Ending:		
Number	of days to be taken:	
Please No no unpai	ote: Unpaid leave <u>cannot</u> be taken until all leav d leave can be taken without the prior authorise	ve entitlement is used up and ation of Richard or Martin.
		1 / 1000 800
Employee	e's Signature:	- WILLEY SHOWERY
Authorise	ed by:	1000 -4 OCT 2022 A
J.R. Hayh	oe:	
M. O'Brie	en:	Office use only: Days remaining
DCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM DS CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 Page 1 of 1 TBC

DOCUMENT OWNER: