

Employee Request for Annual Leave

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Employe	e Name:	SAM	CI	HMER	-		
	CANCEL						
, -	: PAID leave from	n work as fo	llow	s:			
Commer	ncing:	H JAI	J	2022			
Ending:	2811	+ JA	√	2022			
Number	of days to be tak	ren:	7	,			
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l request	t UNPAID leave j	rom work a	s foll	ows:			
, and an				7			
Commer	ncing:						
Ending:			_				
Number	of days to be tal	en:					-
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Employe	ee's Signature:	S			- 1013 SPE	CIALIST JO	WERY LID
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Authoris	sed by: .\(\mu\).			<i>(.</i>	ACTION	Tres	
J.R. Hay	hoe:					101878.0	
M. OʻBr	ien:				Office use Days rema		24.
DOCUMENT REFERENCE:	ADM-FM-001			·			
	HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Pa	ge 1 of 1

TBC

NEXT REVIEW DATE:

FORM

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DOCUMENT OWNER: