

Employee Request for Annual Leave

Employe	e Name:	SAM	(HOUNES		
l request	: PAID leave fro	m work as	follo	ws:		
Commen	cing:	ETH.	(Ar		
Ending:				- ·		
Number	of days to be ta	ken:			* .	
l request	UNPAID leave	from work	as ĵo	llows:		
Commen	cing:					
Ending:	-					
Number	of days to be ta	ken:				
		The second secon		nken until all leave e ne prior authorisatio		
Employee	e's Signature:	1 - American - America	Castalana			
Authorise	ed by:					
J.R. Hayh	oe:					
M. O'Brien:					Office use only: Days remaining	
DOCUMENT REFERENCE: DOCUMENT OWNER:	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