

Employee Request for Annual Leave

Employe	ee Name:	SAM	\mathcal{C}	HMES	n •		
	<i>H</i>					*	
l reques	t PAID leave fro	m work as	follo	NS:			
Comme	ncing:	H NOV		SHY 2 GAH DE	C		
Ending:							
Number	of days to be ta	ıken:	_{	>			
I reques	t UNPAID leave	from work	as fo	llows:			
Commer	ncing:						
Ending:			7				
Number	of days to be ta	ken:	_				
				iken until all leave e ne prior authorisatio			
Employe	e's Signature:				JMS SPECIALI	ST JOINERY	TD
Authoris	ed by:		/ 			IV 2322	
J.R. Hayl	noe:			AC	TION	COPIES (1)	0.
M. O'Brid	e n:				Office use Days rema		0_
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