

## Employee Request for Annual Leave

Employed	e Name: <u>M</u>	ICK.					
Irequest	PAID leave fro	m work as j	follov	vs:	g en ge		
Commend	cing: 5th Au	e 202	12				
Ending:	19th A	ne 200	2				
Number o	of days to be ta	ken: <u>\</u> 0	DA	4/5			
Trequest	UNPAID leave	from work	as foi	llows:			
Commend	cing:	5	<				
Ending:							
Number c	of days to be tal	ken:					
	-			ken until all leave er e prior authorisatior			
Employee	's Signature:	Mhain	1)				
Authorise	ed by:		<i></i>				
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	