

## Employee Request for Annual Leave

Employee	Name: M	HARLA	Ni	, (				
Treguest	PAID leave froi	m work as f	ollov	us:				
Commend	ing: 16 ~ 4	= 202	2				4	
Ending:	16-6	- 202	2	-				
Number o	f days to be tal	ken: <u>\</u>	7)	ou		,		
l request (	UNPAID leave j	from work (	is fol	lows:				
	. *							
Commend	ing:					Ÿ.		
Ending:	1	s 4			*			
Number o	f days to be tal	ken:	*					
				ken until all leave er e prior authorisation			nd	
		. 11						
Employee	's Signature:	Ultiven	<u>M</u>	****		*		* oppo
Authorise	d by:	Ja						
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	F	age 1 of 1	