## Employee Request for Annual Leave

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	Employe	e Name:	<u> </u>	P	ARLAND	)				
	I request PAID leave from work as follows:									
			Ha			- 0				
	Commen	icing: Z	o''' '	SEF	TEN BEN	22				
	Ending:	2	3 RP	,	erkin Bkin	CÀ .				
	Number	of days to be ta	ıken:	4	<u> </u>					
		X								
	l request	UNPAID leave	from work	as fo	llows:					
*	Commen	cing:		4		_				
	Ending:					-				
	Number	of days to be ta	ken:							
			7 7	-						
		ote: Unpaid le d leave can be								
	Employee	e's Signature:								
	Authorise	ed by:	1/2		<b></b>					
	J.R. Hayh	oe:	***************							
	M. O'Srien:						Office use	use only:		
-							Days remaining			
DOCUMENT	REFERENCE:	ADM-FM-001		Τ		- Т				
DOCUMENT OWNER		HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DA NEXT REVIEW DA	ATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1		

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