

## **Employee Request for Annual Leave**

Employ	ee Name:	M HARL	-A 1	JD (C)					
						4			
					_	**			
-treque	st-PAID-leave fr	om work as	follo	ws:	Paid	leave.			
	*								
Comm	encing: 24	L	_		Dut.	October '	7.7		
Comme	encing: 24	OCT	-20	22					
Ending:	27片	ECT	2.8	22	274	Octobes !	22		
					~ '				
Numbe	r of days to be t	aken:	7			4da	S.		
	7		-	2	-				
Commo	m ai a = .								
Comme	ncing:								
Ending:									
				*					
Number	of days to be ta	aken:							
	-				,				
Please N	lote: Unpaid le	eave <u>cannot</u>	be to	aken until all le	ave en	titlement is	used up	and	
no unpa	id leave can be	taken with	out th	ne prior authori	isation	of Richard o	or Marti	n.	
Fmnlove	e's Signature: .	MARRON	17				ST STOWN	dr Lin i	
Linpioye	e s signature	. #CA. Paritha		<b>!</b>		,			
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Authoris	ed by:	<i>V//</i>			4	100	4012		
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								- CO	
J.R. Hayl	10e:	••••••							
M. O'Brien:						Office use	only:		
						Days rema			
				The second second		UL on 30		- 1800	
DOCUMENT REFERENCE:	ADM-FM-001			T			, -1		
Mil-	HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE		27/03/2013 22/12/2021	5 7	Page 1 of 1	
DOCUMENT OWNER:	DS			NEXT REVIEW DATE:		TBC	2)		