Employee Request for Annual Leave

Employee Name: _	AMPREN HOLDHA	-Μ	· ************************************	
I request PAID leave	from work as follows:			
Commencing:	7/9/18			
Ending:			·	
Number of days to b	e taken:		•	
I request UNPAID le	ave from work as follows:		+ A*	
Commencing:				
Ending:		· · · · · · · · · · · · · · · · · · ·	•	
Number of days to k	oe taken:			
	id leave <u>cannot</u> be taken un n be taken without the priol			
Emp l oyee's Signatu	ire: M			
Authorised by:	(Land			
R.C. Hayhoe:				do
M. O'Brien: :			Office use only: Days remaining	_6_