## Employee Request for Annual Leave

Employee Name:	WADKEN HOLDH	K-M		
I request PAID leave fi	rom work as follows:			
Commencing: 21/6	/18	·		
Ending:		• .		
Number of days to be	taken:	·		
I request UNPAID leav	ve from work as follows:			,
Commencing:			·	
Ending:				
Number of days to be	taken:			· · .
	l leave <u>cannot</u> be taken up to taken to be taken without the price	•		
Employee's Signature	2: M			
Authorised by:	J. L. J. J.		,	
R.C. Hayhoe:			1 hb	
M. O'Brien: :	······································	`	Office use only:  Days remaining (	 O
		•		