

Employee Request for Annual Leave

Employee	Name: _Av	DREW H	HOLL	MAM		
	PAID leave from			v		
Commend	ing: 8 th A	PRIL 2	02	2		
Ending:						
Number o	f days to be tak	en:	1			
l request	UNPAID leave f	rom work a	s foll	ows:		
Commend	ing:		,			
Ending:	3		_/			
Number o	f days to be tak	cen:		·		
Please No no unpaid	te: Unpaid led I leave can be t	ave <u>cannot</u> l aken witho	be tal	ken until all leave en e prior authorisation	ntitlement is u of Richard o	ised up and r Martin.
Employee	's Signature:	ar_		 '/	JANS 81	PECIALIST JOINERY LTD
Authorise	d by:	1. Tra	/	•		5 APR 2000
J.R. Hayh	oe:	•••••			/ACTION	1000
M. O'Brie	n:				Office use Days rema	.40
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Page 1 of 1