

Employee Request for Annual Leave

Employee	Name:	NDREN	, ,	TOCOMAIN				
I request	PAID leave fron	n work as fo	llow	s:				
Commend	cing: 11/3	122 &	18	3/3/22				· · · · · · · · · · · · · · · · · · ·
Ending:								
Number o	of days to be tak	en:	2					
l request	UNPAID leave f	rom work a	s foll	ows:			ť	
Commend	cing:	8						
Ending:		/						
Number o	of days to be tak	en:						
				ken until all leave e e prior authorisatio				cal.
							6	
Employee	e's Signature:				#: 42 e	CIALIST	JOINERY	LTD
Authorise	ed by:^	1. th	fs.		-	1 MAR	2022	
J.R. Hayh	oe:				The second secon	co	PIES	
M. O'Brien:					Office use only: Days remaining 20			
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE:	27/03/2013 22/12/2021	*	Page 1 of	1