

Employee Request for Annual Leave

Employee	Name: An	DOEM	HOI	-DHAM				
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l request	PAID leave froi	n work as f	ollow	s:				
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Commend	cing: 27 J	ULY 20	22	·				
Ending:	12 A	७५७५ ३	202	2				
Number o	of days to be tal	ken:	3	<u> </u>		27 ST		
						* * *		
I request	UNPAID leave j	from work o	is foll	ows:				
Commend	cing:							
Ending:			/					
Number o	of days to be tal	cen:						
				ken until all leav e prior authorisa				
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Employee	's Signature:		2/	 //		-mo or LOME	IS 1 JOINERA L	TD
Authorise	d by:	/ Tw	M				JN 2022	1 do
J.R. Hayh	oe:				AC	TION	COPIES	
M. O'Brie	n:		···········			Office use Days remai		5
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:		27/03/2013 22/12/2021 TBC	Page 1	of 1

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