

## **Employee Request for Annual Leave**

Employee	Name: AN	DREW	Но	DHAM			
l request F	PAID leave from	work as fo	llows	:			
Commenc	ing: 8 % S	SEPTÉM E	BER	2023			
Ending:							
Number o	f days to be tak	en: <b>)</b>					
I request l	JNPAID leave fi	rom work as	s follo	ows:			
Commenc	ing:						
Ending:		/					
Number o	f days to be tak	en:					
Please No no unpaid	te: Unpaid lea l leave can be to	ve <u>cannot</u> k aken withou	e tal it the	ken until all leave e prior authorisati	entiti ion o	lement is u f Richard or	sed up and Martin.
Employee	's Signature:	M					
Authorise	d by: [:/	<i>[m</i>				IMS SPECIA	LIST JOINERY LTE
J.R. Hayh	oe:		•••••		ACT	10 J	AN 2023
M. O'Brien:					Office use only:  Days remaining		
DOCUMENT REFERENCE:	ADM-FM-001		-	CREATION DATE:		7/03/2013	
	HOLIDAY REQUEST	VERSION NO:	11	LAST REVISION DATE:	2	2/12/2021	Page 1 of 1

LAST REVISION DATE:

**NEXT REVIEW DATE:** 

TBC

VERSION NO: 1.1

**FORM** 

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DOCUMENT OWNER: