

Employee Request for Annual Leave

Employe	e Name: AN	J'DREW	H	MAHQIC			
	-						
I request PAID leave from work as follows:							
Commen	cing: 30th	MAY	20	23			
Ending:	200	JUNE	20	023			
Number	of days to be ta	ken:	4				
l request	UNPAID leave j	from work o	as fol	lows:			
Commen	cing:						
Ending:							
Number of days to be taken:							
	-	-		ken until all leave er e prior authorisatior		-	
Employed	e's Signature:	W	1	//	ECIALIST JOINE	1	
Authorise	ed by:	1 to	1		24 JAN 202	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN T	•
J.R. Hayh	oe:			ACTION ACTION	N TCOP	ES	De
M. O'Brie	en:		•••••		Office use Days rema		6.
IENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Page :	1 of 1

NEXT REVIEW DATE:

DOCUMENT OWNER:

TBC