

Employee Request for Annual Leave

Employ	ee Name:	Mason	100	25				
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I reques	t PAID leave fro	om work as	follo	ws:				
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Ending:	150	Nov						
Number	of do to b - t-							
Number	of days to be to	акеп:	<u>- 01 c</u>					
l reques	t UNPAID leave	from work	ac fa	llower				
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Number	of days to be ta	ken:		ų.				
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Please N	ote: Unpaid le	ave <u>cannot</u>	be ta	ken until all leave e	ntitlement is	used up	and	
no unpai	d leave can be	taken witho	ut th	e prior authorisation	n of Richard o	or Martin	7.	
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Employe	e's Signature:	(1)2/2000		••••		CIALIST	JOINERY	
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w. o briefi.					Office use only:			
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	HOLIDAY REQUEST FORM	VERSION NO:	1.1	LAST REVISION DATE:	22/12/2021		Page 1 of 1	
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