

## **Employee Request for Annual Leave**

Employ	ee Name:	Musey	ن	ones	e .		
	v ,						
I reques	st PAID leave fr	om work as	follo	ws:			
Comme	ncing:lų	Novemb	e				
Ending:	14	Novabe					
Number	of days to be t	aken:	_1	dag			
l reques	t UNPAID leave	from work	as fo	llows:			ur
Comme	ncing:	1					
Ending:				<u> </u>			
Number	of days to be ta	ıken:		9			
Please N no unpai	ote: Unpaid le id leave can be	ave <u>cannot</u> taken with	be to	aken until all leave e ne prior authorisatio	ntitlement is n of Richard o	used up and or Martin.	
Employe	e's Signature:	~~~			JIMS SP	ECIALIST JOINER	Y LTD
Authorise	ed by:	<u>/</u>	•••••	<b></b>		1 0 NOV 2322	
J.R. Hayh	oe:	*******************			ACTION	COPIES	0.
M. O'Brien:					Office use only: Days remaining		
DOCUMENT REFERENCE:  DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1	