

DOCUMENT OWNER:

Employee Request for Annual Leave

Employee	Name:^	ister.	کان ہوج				
l request P	AID leave from	work as fo	llows	s: (Pleas	C	cared
Commenci	ng: 225t	augu	5 1		(9.8	1.22	/
Ending:	B 5°	Septen	ber				
Number of	days to be tak	en:(O					
	12120121	un ro usenale el	c follo	DIAC			
I request U	INPAID leave fi	rom work a	S JOII	J₩5:			
Commenci	ng:						
Ending:							
Number of	f days to be tak	en:					
Please No no unpaid	te: Unpaid lea leave can be t	ve <u>cannot</u> k aken withou	be tal ut the	ken until all leave en e prior authorisation	titlement is u of Richard o	sed up c Martin	and
Employee	's Signature: 🎜	A SOLO	5)		1		ST JOINERY LTD
Authorise	d by:	J.,		••• •••	ACTION	24 MAR	2022
J.R. Hayh	ne:						
M. O'Brien:					Office use only: Days remaining		
200104545	A DOM FOA COS						
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