

Employee Request for Annual Leave

Empl	oyee Name:	moson	9	2705		
Irequ	iest PAID leave fi	om work as	follo	NS:		
Comr	nencing:	1904 a	ugo	UF		
Endir	g:	211	Se	f		
Num	per of days to be t	aken:	10	*		
l roa		- 6	6-	11		
	est UNPAID leave	e jrom work	as jo	llows:		
Endin	g:	- :				• •
Num i	er of days to be t	aken:				*
				iken until all leave e e prior authorisatio		
Empl	oyee's Signature:	Losos	5		JMS S	PECIALIST JOINERY LTD
Autho	orised by:	Í.			ACTION	2 2 FEB 2022
J.R. H	ayhoe:	<i></i>			ACTION	COPIES
M. O'Brien:					Office use only: Days remaining	
DOCUMENT REFERENCE	E: 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