

## Employee Request for Annual Leave

Employ	ee Name:^	الملائم با	اسمع			
l reques	it PAID leave fr	om work as	; folic	ws:		
Comme	ncing: 9th	Felig				
Ending: Number	of days to be t	rebaken: $1$				
	t UNPAID leave		,	0		
Commer	ncing:					
Ending:						
Number	of days to be ta	ıken:				
Please N no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	; be to out th	aken until all leave a ne prior authorisatio	entitlement is on of Richard	used up and or Martin.
Employed	e's Signature:	y Soul	7	······		
Authorise	ed by:		•••••••	····		
J.R. Hayh	oe:	••••••	•••••			
M. O'Brien:					Office use only: Days remaining	
DOCUMENT 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