

## **Employee Request for Annual Leave**

Employe	ee Name: <u>*</u>	EVIN L	EIC				
I reques	t PAID leave fro	om work as	follo	ws:			
Commer	ncing: FRI	27 TAN	20	23			
Ending:							
Number	of days to be t	aken:	(				
l request	: UNPAID leave	from work	as fo	llows:			
Commen	cing:						
Ending:	-		/				
Number	of days to be ta	ıken:					
				nken until all leave ne prior authorisatio			
Employee	e's Signature:	ffe		JMS S	PECIALIST JOINE		
Authorise	ed by:				2 5 JAN 202	and the same of the same of the same	. 7
J.R. Hayh	oe:		•••••••	ACTIO	N COPI		J. So
M. O'Brie	n:	······································			Office use Days rema		_U
REFERENCE:	ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Pi	age 1 of 1

**NEXT REVIEW DATE:** 

TBC

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DOCUMENT

DOCUMENT OWNER:

FORM

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