

DOCUMENT OWNER:

## Employee Request for Annual Leave

	Employe	e Name:^	Jack	Re	adena			
	,	-		,	)			74
	l request	PAID leave fro	m work as	follo	ws:			
~	Commen	cing: Frid	ay 9t	-n (	September 26	22		
	Ending:	u	16	•	u,	•		
	Number	of days to be ta	ken:(	2				
	l request	UNPAID leave	from work	as fo	llows:			
	C	- topical						
	Commen	cing:						
	Ending:			/				
	Number	of days to be ta	ken:		·			
					iken until all leave en le prior authorisation	of Dichard	o Bleenti	
	Employee	e's Signature:	Med 2	2		31	MAY 20,	22
	Authorise	ed by:		*********		NON	Toop	<b>b</b> /
J.R. Hayhoe:								
×	M. O'Brien:					Office use only: Days remaining		
DOCUMENT	REFERENCE:	ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021		Page 1 of 1
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