Employee Request for Annual Leave

	Emmleye	e Name:/	Jarry	[A]	ildman				
	embro4ee	10011116.)				OF DESCRIPTION CO.		
	Trequest	PAID leave fro	m work as j	follov	vs:				
	Commend	ing: 6/	7/22	7.	¥				
	Ending:	\$ / 7	/22		* ,				
	Number o	of days to be ta	ken:						
	l request :	UNPAID leave	from work (ns fol	lows:			¥	
	Commend	ing:							
	Ending:								
	Number o	f days to be tal	(en:						
					ken until all lea e prior authoris				d
			-,-)_)	,					
	Employee	's Signature:		.,/					
	Authorise	d by:	<i></i>				,		
		* *	ļ,						
	J.R. Hayh	ne:		••••••		_			1
M. O'Brien:						Office use only: Days remaining			
DOCUMENT REFERENCE:		ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE		7/03/2013	Page 1 of 1	

DOCUMENT OWNER: