

Employee Request for Annual Leave

Employe	e Name:	LARRY	· h	TCDMAN		
l requesi	: PAID leave fro	am wark as	follo	2005		
		ca / 2 - 2	jono			
Ending:	Commencing: $13/4/22$ Ending: $13/4/22$					
Number	of days to be ta	ıken:				
l request	UNPAID leave	from work	as fo	llows:		
Commen	cing:					
Ending:		•				
Number	of days to be ta	ken:	_			
				aken until all leave er ne prior authorisation		-
Employee	e's Signature:		2		JMSE	SPECIALIST JOINERY LTD
Authorise	ed by:	Þ		·····	ACTION	20 APR 2022
J.R. Hayh	oe:					COPPE
M. O'Brien:					Office use only: Days remaining	
DOCUMENT REFERENCE: DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1