Employee Request for Annual Leave

lgm3	oyee Name: _	HAR	37	WILDA	IAN	
l requ	est PAID leave j	irom work as	folla	ws:		
Comn	iencing:	7/8/2	2			
Endin	g: 17	18/2	2			
Numb	er of days to be	taken:				
1 10533.1	est UNPAID leav	a tram mode	දැය රික	Havea		
1 2 3/3/	.30 9111 2119 1200	e jioni work	us ju	11G90'5:		
Comm	encing:	7%				
Ending	:		/			
Numb	er of days to be t	aken:				
Please no unp	Note: Unpaid I aid leave can be	eave <u>cannot</u> taken witho	be to out th	aken until all leave ne prior authorisati	entitlement is on of Richard c	used up and or Martin.
		1				
Employ	ree's Signature:				JMS SPE	CIALIST JOINERY LTD
Author	ised by:		•••••	····	23	AUG 2000
J.R. Ha	yhoe:		•••••	2	ACTION	TOOPIES OF
M. O'Brien:					Office use only:	
					Days remai	ning
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