

DOCUMENT OWNER:

Employee Request for Annual Leave

	Employee	Name:	HARR7	/	WILDMAN				
	l request l	PAID leave from	m work as ĵ	follow	vs:				
	Commend	ing: <u>25/</u>	/2/22						
	Ending:	25/	2/32						
	Number o	f days to be tal	ken:/						
	l request (UNPAID leave j	from work (us foi	lows:				
	Commenc	ing:		*		¥		S.	
	Ending:								
	Number o	f days to be tal	ken:		6 /				
			10 mm		ken until all leave en e prior authorisation		1,000	nd	
	Employee	's Signature:		>	·····		:	** *	
	Authorise	d by:	4	<i>!</i> 					
	J.R. Hayh	oe:	••••••						1
	M. O'Brien:					Office use only: Days remaining			
DOCUMENT	REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	P	age 1 of 1	