

FORM

DS

DOCUMENT OWNER:

Employee Request for Annual Leave

	Employee i	Name:	HARRY	W	BLOMAN			
	u							
	Lucaus C	AID lama from	work as fo	Maria	••			
	l request PAID leave from work as follows:							
		. /-	/					
	Commencing: 28/3/22							
	Ending: 28/3/22							
	Number of days to be taken:							
I request UNPAID leave from work as follows:								
	Trespose of the Pale test of the tree test							
	Commenci	ng:		_				
	Ending:							
Number of days to be taken:								
			. 1			didomond is u	sed un rind	
Please Note: Unpaid leave <u>cannot</u> be taken until all leave entitlement is used up and no unpaid leave can be taken without the prior authorisation of Richard or Martin.							· Wartin.	
	The supposed leave con or consent original being being							
	,)						SCHALIST JE	
	Employee's Signature: Authorised by:							
							200	
J.R. Hayhoe:								
	M. O'Brien:					Office use only: Days remaining		
						Daystellia		
DOCI 1945	NT DECEDENCE.	ADM-FM-001						
POCOME	NT REFERENCE:	HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Page 1 of 1	

NEXT REVIEW DATE: