

Employee Request for Annual Leave

Employee	Name: No	ithoin	W	interbury		*
l request l	PAID leave from	n work as fo	llow	: :		
Commenc	ing: 4/0	3/22		·		
Ending:	4/	03/2	2	·		
Number o	f days to be tak	en: <i>l</i>	do	2		
l request (UNPAID leave ĵ	rom work a	s f ol l	lows:		
Commend	ing:					
Ending:		_/				
Number o	of days to be tak	en:				
				ken until all leave en e prior authorisation		
Employee	's Signature: 🏄	M			JMSS	PECIALIST JOINERY LTD
Authorise	ed by:					1 MAR 2022
J.R. Hayh	oe:			**************************************	ACTION	COPIES
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