

Employee Request for Annual Leave

	Employee	Name: N	athorn	7	Winterbo	irn		
	w		8		es x			
	l request l	PAID leave from	n work as f	ollow	<i>'s:</i>			
	Commenc	ing: <u>19/</u> 0	17/22					,
	Ending:		9/07/	12	2			
	Number o	f days to be tal	ken:	Į	day			
	l request (JNPAID leave j	from work o	as foli	lows:			
	Commenc	ing:			,			
	Ending:		2					
	Number o	f days to be tal	ken:					
					ken until all leave ei e prior authorisatioi			
			Ma			Marketin .		
	Employee	's Signature: 🚓	/	·-/				
	Authorise	d by:	-//		•••			
	J.R. Hayhoe:							
	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	Page 1	of 1