

## Employee Request for Annual Leave

Employee	Name: No	than v	Vin	terburn		
l request	PAID leave from	m work as f	ollou	ıs:	,	
Commen	cing:21/	6/22				
Ending:	2	1/6/2	2_			
Number	of days to be tal	ken:	id	ory		
l request	UNPAID leave j	from work o	as fol	lows:		
Commend	cing:					
Ending:	٠,					
Number	of days to be tal	(en:				
	•			ken until all leave en e prior authorisation		
Employee	e's Signature: /	M			INS SPECIALIS	T JOINERY LTD 1
Authorise	ed by:	Jill		ACTION	· JUN	2022
J.R. Hayhoe:						
M. O'Brie	n:				Office use Days rema	
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