

Employee Request for Annual Leave

Emplo	yee Name: $ \underline{\mathcal{\Lambda}} $	athan		Winterbu	irh		
I reque	st PAID leave fr	om work as	follo	ws:			
Commo	encing: 27/	17/22		·			
Ending	encing: 27/ 28/	17/22					
Numbe	r of days to be t	aken:	2	days			
l reque	st UNPAID leave	from work	as fo	llows:			
Comme	encing:						
Ending:							
Numbe	r of days to be ta	aken:					
Please i no unpe	Note: Unpaid le aid leave can be	eave <u>cannot</u> taken with	be to	aken until all leave e ne prior authorisatio	ntitlement is n of Richard	used up and or Martin.	
Employ	ee's Signature∕	M					
Authori	sed by:		, 	····			
J.R. Hay	hoe:	<i></i>					
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	