

Employee Request for Annual Leave

Employee	Name:	A . B	AR	iow			
		# X					
I request P	AID leave from	work as fo	llows	3			
		a res		í.	_ 1	2 - 2	
Commenci	ng:	1AN 6	2	03/02 T	0 041	02	
Ending:	a 9						
Number of	days to be tak	en:		*			
		* ° §	·	8		* * * * * * * * * * * * * * * * * * * *	
I request U	INPAID leave fi	rom work a	s foll	ows:			
Commenci	ng:						
Ending:			/			*	
Number of	days to be tak	en:					*
Please Not	te: Unpaid lea	ve <u>cannot</u> l	be ta	ken until all leave en e prior authorisation	titlement is u	ised up e	and
no unpaia	ieave can be u	aken witho	ut tiit	e prior dutiionsation	oj Michara o	i iviai cii	ff.
		10	0	JIV	IS SPECIALIST	JOHN -	
Employee ^e	's Signature:	17 65	-2			a DUARK	YLTD
			//		31 JAN	2022	
Authorise	d by:		001	ACTION	V		
						PIES	Abo .
J.R. Hayho	oe:		••••••		Cuar	god	
M. O'Brien:					Office use only: Days remaining		
					Days Tellia	umg	
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