

## **Employee Request for Annual Leave**

	Employe	e Name:	A. BA	Ru	اب	a a a a a a a a a a a a a a a a a a a	
	I request	PAID leave fro	m work as j	ollov	vs:		
			-				
	Commen	cing:	24 /u	/ '	2022		
	Ending:	-	-		<u> </u>		
	Number	of days to be ta	ken:	-			
	I request	UNPAID leave	from work	as f <b>o</b> l	lows:		
	Commen	cing:	<del></del>				
	Ending:		· · · · · · · · · · · · · · · · · · ·	/	<u></u>		
	Number o	of days to be ta	ken:				
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					ken until all leave er e prior authorisatior		
	Employee	e's Signature:	AGC	B		· - [.in	IS SPECIALIST JOINERS
			/	L 1		1	- OINERY LTE
	Authorise	ed by:	1. Cu	n	<u></u>		-4 OCT 2022
						ACTION	
	J.R. Hayh	oe:					COP
M. O'Brien:						Office use	only:
						Days rema	
DOCUMENT		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
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