

Employee Request for Annual Leave

Employe	e Name:	HONA	B	thion		
The state of the s						
I request	PAID leave fro	m work as j	ollov	vs:		
Commen	cing:(09/09	e /	22		
Ending:	·	12/0	9	122		
Number	of days to be ta	ken:	6	1		
l request	UNPAID leave	from work	as fol	llows:		
Commen	cing:					
Ending:		-				
Number	of days to be ta	ken:				
				ken until all leave o e prior authorisatio		
Employed	e's Signature:	A. Be	L			
Authorise	ed by:		2			
J.R. Hayh	oe:					
M. O'Brien:					Office use only: Days remaining	
DOCUMENT REFERENCE:	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