

Employee Request for Annual Leave

	Employee	Name:	A. BAR	LO	د					
	I request I	PAID leave from	n work as fo	llows	:					
	Commenc	ing:\	104	12	2					
	Ending:									
	Number o	f days to be tak	cen:	i				,		
						18				
	I request l	JNPAID leave f	rom work a	s follo	ows:					
	Commenc	ing:	5 1 a		· · · · · · · · · · · · · · · · · · ·			_ *		
	Ending:									
	Number o	f days to be tak	cen:							
	no unpaid	l leave can be t	aken witho	ut the	en until all leav prior authorisa	ition of	Richard o	r Martir	7.	
	Employee	's Signature:	A-B	el		1	- SPECIA	LIST JOI	NERY LTD	
	Authorise		/ m			CTION	-8 FL	EB 2022		
	J.R. Hayh	oe:						COPIES	2	
	M. O'Brie	n:					Office use Days rema		<u> </u> 3	
DOCUMENT	REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:		/03/2013 /12/2021	,	Page 1 of 1	