

Employee Request for Annual Leave

Employe	e Name:	1 - BAR	10	<u>ـــ</u>	er.	
I request	PAID leave fro	m work as j	follov	vs:		
Commen	cing: 1L	1/10/	20	22		
Ending:		" ₂ "				
Number	of days to be ta	ken:	1_			
I request	UNPAID leave	from work	as fol	lows:		
Commen	cing:					
Ending:						
Number	of days to be ta	ken:				
	100			ken until all leave er e prior authorisation		
				A		10 800
Employe	e's Signature:	AGC	Ba	edie		SPECIALIST JUINERY LTP
Authorise	ed by:f.	1. En	11		ACTION	-4 OCT 2022
J.R. Hayh	oe:		······			Towns Albert
M. O'Brie	en:				Office use Days rema	
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