

Employee Request for Annual Leave

Employe	e Name:	A. BAI	200	W	*	*	
l request	PAID leave fro	m work as f	ollov	vs:			
Commen	cing:	7/06	/2	022		w"	
Ending:	an a						
Number	of days to be tal	ken:					
l request	UNPAID leave ;	from work (as fol	lows:			
Commend	cing:						
Ending:		N .					
Number o	of days to be tal	ken:		-			
				ken until all leave er e prior authorisation			
Employee	e's Signature:	A. B.	ار		S. D. John S. Common Co.		
Authorise	ed by: .f.y.	1 to]) L		IMS SPECIAL	TRY LTD	
J.R. Hayhoe:							
M. O'Brien:					Office use only: Days remaining		
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	