

Employee Request for Annual Leave

Employe	e Name:	J.B.ARC	ت ت		
l request	PAID leave fro	m work as folle	ows:	* ************************************	
Commen	cing:	8/11/20	022		
Ending:	-		· ,		
Number	of days to be ta	ken:			
l request	UNPAID leave	from work as f	ollows:		
Commen	cing:				
Ending:					
	of days to be tal				
			taken until all leave o the prior authorisation		
Employe	e's Signature:	AGC	Bul	> /	MAS SPECIALIST JUINE
Authorise	ed by:(;)	1. Cup	<i></i>	ACTION	-4 OCT 2022
J.R. Hayh	noe:		•••		100 db /
M. O'Brie	en:			Office use Days rema	
DOCUMENT REFERENCE:	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