

## **Employee Request for Annual Leave**

Employe	e Name:	A.BA	How	in the second se			
l request	PAID leave fro	m work as foli	lows:				
Commen	cing:	30/09/	22				
Ending:			<u> </u>				
Number	of days to be ta	ken:					
l request	UNPAID leave	from work as j	follows:				
Commen	cing:						
Ending:							
Number	of days to be ta	ken:					
		The state of the s	taken until all leave the prior authorisati				
		101					
Employee	Employee's Signature:				ST JOINSRY C. L.		
Authorise	Authorised by:				13 SEP 2022		
J.R. Hayh	J.R. Hayhoe:				лстон соруд		
M. O'Brien:				Office use only: Days remaining			
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO: 1.	CREATION DATE:  1 LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1		