

## **Employee Request for Annual Leave**

| Employee                             | e Name:                                     | + BAR                                   | 0-             |  |                                    |                       |
|--------------------------------------|---|---|----------------|--|------------------------------------|-----------------------|
| I request                            | PAID leave from                             | n work as fo                            | ollow.         | s:   |                                    |                       |
| Commen                               | cing:02                                     | 106/2                                   | 3              |  |                                    |                       |
| Ending:                              | cing: 02                                    | 10617                                   | -3             | e.   |                                    |                       |
| Number o                             | of days to be tak                           | en:                                     | 7              |  |                                    |                       |
| l request                            | UNPAID leave f                              | rom work a                              | s foll         | ows:   |                                    |                       |
| Commend                              | cing:                                       |   |                | <u>/</u>   |                                    |                       |
| Ending:                              |   |   | /              | **************************************                     |                                    |                       |
| Number o                             | of days to be tal                           | xen                                     |                |  |                                    |                       |
| Please No<br>no unpaid               | ote: Unpaid led<br>d leave can be t         | ave <u>cannot</u><br>aken witho         | be ta<br>ut th | ken until all leave en<br>e prior authorisation            | ntitlement is u<br>of Richard o    | r Martin.             |
| Employee                             | e's Signature:                              | A. B.                                   | l_             |  |                                    | MS SPECIALIST JOINERY |
| Authorise                            | ed by:                                      | 1. 6                                    | L              | <i>[</i>   | ACTION                             | Nov 333               |
| J.R. Hayh                            | oe:   | *************************************** |                |  |                                    | Contis O              |
| M. O'Brien:                          |   |   |                |  | Office use only: Days remaining 12 |                       |
| DOCUMENT REFERENCE:  DOCUMENT OWNER: | ADM-FM-001<br>HOLIDAY REQUEST<br>FORM<br>DS | VERSION NO:                             | 1.1            | CREATION DATE:<br>LAST REVISION DATE:<br>NEXT REVIEW DATE: | 27/03/2013<br>22/12/2021<br>TBC    | Page 1 of 1           |