

Employee Request for Annual Leave

	Employ	ee Name:	25	0	LT CZ	EGE		
	I reques	t PAID leave fro	om work as	follo	ws:			
	Comme	14 25	Mov.	×	2022			
		of days to be ta		10	7	* *		
	I reques	t UNPAID leave	from work	as fo	llows:			
	Commer	ncing:						
	Ending:							
	Number	of days to be ta	ken:					
	Please N no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	be to	aken until all leave ne prior authorisat	e entitlement is tion of Richard o	used up and or Martin.	
	Employe	e's Signature:	Cz	1	7 	MS SPECIALIST JO	DINERY LTD	
	Authorise			·····		27 OCT		
	J.R. Hayh	oe:		••••••	AC	CTION CO	OPIES (SOC)	
	M. O'Brien:					Office use only: Days remaining 6		
DOCUMENT	REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Page 1 of 1	