

Employee Request for Annual Leave

Emplo	oyee Name:	25c		T CZEG	E		
l requ	est PAID leave f	rom work a	s follo	ows:			
Comm	iencing: <u>24</u>	Oct.	20	022			
Ending	g: <u>4</u>	Nov.	20	022			
Numb	er of days to be	taken:		<i>O</i>			
I reque	est UNPAID leav	e from work	as fo	ollows:			
	encing:		, 8				
Ending	L.	7					
Numbe	r of days to be t	aken:	_				
Please no unp	Note: Unpaid la aid leave can be	eave <u>cannot</u> taken with	be to	aken until all leave he prior authorisati	entitlement is on of Richard	used up and or Martin.	
Employ	ee's Signature: .	Ç	<u> </u>				
Authori	sed by:	/ //w	Á!	<u></u>	160		
J.R. Hay	hoe:			•			
M. O'Br	ien:				Office use Days rema		
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	