

Employee Request for Annual Leave

Emplovee	Name: LE	E DOR	AN					
,	o received a control		æ			*		
l request f	PAID leave fron	n work as fo	ollow	5:	CANCI	ELLES		
Commenc	ing: THUR	14 A	PRI	1 2022	G.	Hlr		
Ending:	THUR	14 A	PRI	1 2022				
Number o	f days to be tak	en: <u>l</u>						
I request (JNPAID leave f	rom work a	s foll	ows:				
Commenc	ing:		/					
Ending:		/						
Númber o	f days to be tak	en:						
Please No no unpaid	te: Unpaid lea leave can be t	ive <u>cannot</u> i aken witho	be tal ut the	ken until all leave en e prior authorisation	titlement is u of Richard o	sed up a Martin.	nd	
Employee	's Signature:ّ.	U.			MS SPECIALIS	T JOINER	YLTD	
Authorise	d by:		•••••	ACTI	12 API	\		
J.R. Hayh	oe:					OPIES	TP	
M. O'Brien:					Office use only: Days remaining			
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NEXT REVIEW DATE:

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