

Employee Request for Annual Leave

	Employee	e Name:	EE DO	RA	~~		
	l request	PAID leave fro	m work as f	ollov	ıs:	CAN MAY	1CELLED 2022
	Commend	cing: <u>THUI</u>	2 19	~	14-/ 2022		
	Ending:	THUR	2 19	n	144 2022		
	Number o	of days to be ta	ken:_				
×							
	l request	UNPAID leave	from work d	is f ol	lows:		
	Commend	cing:	n 1				
	Ending:			_			
×	Number c	f days to be tal	kep.				
					ken until all leave en e prior authorisation		
	Employee	's Signature:	An			SPECIA	
1 ° a	Authorise	d by:	<i>JU</i>			10 May	
J.R. Hayhoe:							
M. O'Brien:						Office use only: Days remaining	
DOCUMENT		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