

Employee Request for Annual Leave

Employee	Name:	John	Go	uld	u so -	
l request i	PAID leave from	m work as f	ollou	ıs:		
Commend	ing: <u>Mev</u>	day 5h		occurbes 22		
Ending:	_ Mon	day 5th	De	ocember 22 Ocember 22		
Number o	f days to be ta	ken:		<u> </u>		
		1 14				
l request (UNPAID leave	from work (as f o l	lows:		
-						
Commend	ing:		/			
Ending:		_/				
Number o	f days to be tal	(en:	ь			
				ken until all leave ei e prior authorisatioi		
		- /				
Employee	's Signature: (n		JMS SPE	CIALIST JOINERY LTD
			1		22	
Authorise	d by:				1	0 NOV 2322
					ACTION	COPIEDO
J.R. Hayh	ne:	••••••	••••••			T US
M. O'Brien:					Office use only:	
		*			Days rema	ining
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