

Employee Request for Annual Leave

Employ	vee Name:	John	<u> </u>	Total			
l reque	st PAID leave fi	om work a	s folle	ows:			
Comme	ncing: <u>Fn</u>	day 24	MI	larch			
Ending:	ncing: <u>Fn</u>	doy 24	MI	larch			
Number	of days to be t	aken:	1 de	ay			
Ireques	t UNPAID leave	from work	as fo	ollows:			
Commei	ncing:		/				
Ending:							
Number	of days to be to	ıken:					
Please N no unpai	ote: Unpaid le id leave can be	ave <u>cannot</u> taken with	be to	aken until all leave he prior authorisati	entitlement is ion of Richard	used up or Martii	and n.
Employee's Signature:					SPECIALIST JOI		
Authorise	ed by:		••••••		26 JAN 3		
J.R. Hayh			•••••	A	CTION	OPIES	100 ·
M. O'Brien:					Office use only: Days remaining		
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