

FORM

DOCUMENT OWNER:

VERSION NO:

Employee Request for Annual Leave

Employe	e Name: <u>Ac</u>	ron H	cum n	nond	,		
Ireques	t PAID leave from	n work as fo	llow	5.			
Commer Ending:	ncing: $\frac{4/6}{6/4}$	1/22)+	(8/4/22) (8/4/22)			
Number	of days to be tal	en:3	+	1	(4)		
l reques	t UNPAID leave j	rom work a	s f oll	ows:			
Comme	ncing:						
Ending: Number	of days to be tal	en:			*.		
Please î no unpo	lote: Unpaid lea id leave can be t	ave <u>cannot</u> l aken witho	e tal ut the	ken until all leave e e prior authorisatio	ntitlement is u n of Richard or	sed up an Martin.	d
Employ	ee's Signature:	A-t	In		JIVIS SPECIAL	JST JOINER	N LTD
Authori	sed by:	fal.		•	12 A	PR 2022	1 4
J.R. Hay	ıhoe:				ACTION	COPIES	
M. O'8	rien:				Office use of Days remai		16
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Pa	nge 1 of 1

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NEXT REVIEW DATE:

TBC