

Employee Request for Annual Leave

	:mployee	Name: Ac	ron f	lan	mond	· .			
		a .)				
1	request f	PAID leave fro	m work as j	ollov	vs:				
	Commenci	ing: <u>16/</u> 16/	16/2	Z Z					
ŗ	Number of	f days to be tal	ken:						
1	request L	INPAID leave j	from work	as fol	lows:				
, , , , , , , , , , , , , , , , , , ,	Commenci	ng:	1						
8	Ending:								
ſ	Number of days to be taken:								
					ken until all leave e e prior authorisatio				
	Employee'	's Signature:	A:H	1		JMS SPECIALI	ST JOINE	RYLTD	
,	Authorised by:					17 MAY 2022			
,	J.R. Hayho	ne:			A	CTION	COPIES		
	M. O'Brien:						Office use only: Days remaining		
DOCUMENT R	EFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	a	Page 1 of 1	