

Employee Request for Annual Leave

	Employee	Name: Ar	ron l	Ha	mmond			
	6	PAID leave from						
					1/4/27			
	Ending:							
	Number o	f days to be tak	ken:	多	3			
	l request l	JNPAID leave j	rom work c	ıs f ol l	ows:			
	Commenc	ing:						
	Ending:			/				
	Number o	f days to be tak	(ep;			.0		
	Please No no unpaid	te: Unpaid led I leave can be t	ave <u>cannot</u> aken witho	be ta ut th	ken until all leave e prior authorisati	entitlement is u ion of Richard o	ised up e r Martin	and
	Employee	's Signature: .S	A. He			JMS SPE	CIALIST	JOINERY LTD
	Authorise	ed by:	h			15	MAR 2	I I
J.R. Hayhoe:								
,	M. O'Brien: Office use only: Days remaining							
DOCUMEN	T 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