

Employee Request for Annual Leave

Employe	ee Name: <u>A</u>	ron H	am.	mond				
l requesi	: PAID leave fro	m work as joi	llow	51				
Commen	ncing: 19	19/22	2					
Ending:	201	9/22						
Number	of days to be ta	ken:2	· ·	· · · · · · · · · · · · · · · · · · ·				
l request	UNPAID leave	from work as	follo	ows:	,			
Commen	cing:	*.	,		· · · · · · · · · · · · · · · · · · ·			
Ending:	,5 · * a	, , , , , , , , , , , , , , , , , , ,						
Number	of days to be ta	ken:						
				en until all leave prior authorisati				
Employe	e's Signature:	Alf						
Authorise		1						
J.R. Hayh	oe:		······					
M. O'Brie	M. O'8rien:					Office use only: Days remaining		
JMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO: 1	1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC		Page 1 of 1	