## Employee Request for Annual Leave

_	loyee Name:	0 000	LJ.	1			
Em;	loyee Name:	HINON	las	nmond			
lred	uest PAID leave fi	rom work as	follo	ws:			
		1 1		*			
Com	mencing: 19	1101:	22				
Endi	mencing: 19	110/2	22				
	ber of days to be t		)				
l rec	uest UNPAID leav	e from work	as fo	llows:			
		-	•				
Com	mencing:						
, 3,							
Endi	ng:	-			. #		
Num	ber of days to be t	aken:					
	, _						
				nken until all leave ne prior authorisati			
		A-11					
Emp	loyee's Signature:	11 110					
					* 1 17 3 17 3 3		
Auth	orised by:	<i>J.j.</i> i					
J.R. I	layhoe:						
М. О	M. O'Srien:					Office use only:	
					Days remaining		
					4	,	
DOCUMENT REFEREN	CE: ADM-FM-001 HOLIDAY REQUEST	Ī		CREATION DATE:	27/03/2013		
DOCUMENT OWNER:	FORM	VERSION NO:	1.1	LAST REVISION DATE: NEXT REVIEW DATE:	22/12/2021 TBC	Page 1 of 1	