## Employee Request for Annual Leave

Employ	ree Name: $\underline{\mathcal{A}}$	rron	Ha	emmond			
	v "						×
Treque	st PAID leave fro	om work as j	follov	vs:			
		, ,					× -
Comme	encing: $20$	16/2	2	· · · · · · · · · · · · · · · · · · ·			
Ending	20	16/2	2				
Numbe	r of days to be to	aken:		· · · · · · · · · · · · · · · · · · ·			
l reque	st UNPAID leave	from work	as fol	lows:			
Comme	ncing:						
Ending:		k	/				
Numbe	r of days to be ta	iken.					
		- N		ken until all leave ei e prior authorisation			
Employ	ee's Signature: .	A	[		JMS SPE	CIALIST JO	NERY LTD.
Author	ised by:	Y			ACTION 14	JUN 202	2
J.R. Ha	shoe:	-		Ĺ		COPIES	
M. O'Brien:					Office use only:  Days remaining		
					_	- /	
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NEXT REVIEW DATE:

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