

Employee Request for Annual Leave

Employee	Name: <u>Ar</u>	ron Ho	um P	nond		
l request P	AID leave from	work as fo	llows	5:		
Commenci	21 ng: 2004	110/	22			
Ending:	28/	110/2	22			
Number of	days to be tak	en: {	6	<u> </u>		
I request L	INPAID leave fi	om work a	s foll	ows:		
Commenci	ing:					
Ending: Number o	f days to be tak	en:				
Please No no unpaid	te: Unpaid lea leave can be to	ve <u>cannot</u> k aken withou	e tal ut the	ken until all leave e e prior authorisatio	ntitlement is u n of Richard oi	sed up and Martin
Employee	's Signature:	A.H.	<u> </u>		i	ECIALIST JOINERY LTD
Authorise	d by:				ACTION	5 MAR 2022
J.R. Hayh	oe:					N SPOMES
M. O'Brie	n:				Office use of Days remains	. 100
DOCUMENT REFERENCE: DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1