

## Employee Request for Annual Leave

(40)	Employe	e Name: 🛕	ron Ha	mm	end			
	l request	PAID leave fro	ım work as	follo	ws:			
	Commen	cing: 21/	111/22	2				
	Ending:	21/	11/22	-				
	Number	of days to be ta	ken:	l				
	l request	UNPAID leave	from work	as fo	llows:			
	Commen	cing:		/				
	Ending:	-						
	Number o	of days to be ta	ken:		1			
					ken until all leave ei e prior authorisation			
	Employee	:'s Signature:	DH.	$\overline{}$	1	ECIALIST JOIN!	RYLID	
	Authorise	ed by:	1	••••••	ACTION	R NOV 2322		1 6
* · · ·	J.R. Hayh	oe:						OCT.
	M. O'8rie	n:				Office use Days rema		6
DOCUMENT	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