

Employee Request for Annual Leave

Employe	e Name:/	Arron	Ha	immond	The same of the sa	
Irequesi	: PAID leave fro	m work as j	follov	ws:		
Commen Ending:	16 25/	1 1				
	of days to be ta	ıken:	8			
l request	UNPAID leave	from work	as f o i	llows:		
Commen	cing:					
Ending:			_			
Number	of days to be ta	ken:				
				iken until all leave e e prior authorisatio		
Employee	e's Signature:	n H	1	<u></u>	JMS SPE	CIALIST JOINERY LTD
Authorised by:					1 7 JAN 2023	
J.R. Hayh	oe:		•••••		ACTION	COPIES (
M. O'Brien:					Office use only: Days remaining 17	
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

NEXT REVIEW DATE:

DOCUMENT OWNER:

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