

Employee Request for Annual Leave

Employe	e Name: <u>£</u>	rron H	am	mond		
l request	PAID leave fro	m work as j	follov	vs:		
Commen	cing: 24	-/1/2	3			
Ending: 24/1/23						
Number of days to be taken:						
l request	UNPAID leave	from work	as fol	lows:		
Commen	cing:					
Ending:	Ending:					
Number o	of days to be ta	ken:				
				ken until all leave er e prior authorisation		
Employee	e's Signature:	A.Ha		JMS	S SPECIALIST JO	DINERY LTD
Authorised by: 1 7 JAN 2023						023
. J.R. Hayh	oe: /	<i></i>		ACTION	COPI	ES CONS
M. O'Brien:					Office use only: Days remaining 25.	
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021	Page 1 of 1