

Employee Request for Annual Leave

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Employe	ee Name:	00551	17	MSHARI	*			
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rrequest	t PAID leave fro	m work as j	jollot	NS:		·		
Commer	ncing:	3/2-	2					
Ending:								
Number	of days to be ta	ken:						
l request	: UNPAID leave	from work (as fo	llows:				
Commen	cing:							
Ending:			_					
Number	of days to be tal	ken:						
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Employe	e's Signature:	5.M	5	lasy	/	JMS SPEC	PALIST J	OINERYLTD
Authorise	ed by:	7,				81	MAR _{. 20}	
J.R. Hayh	noe:	······································			ACT	10 _N	COPPES	
M. O'Brie	en:		•••••			Office use Days rema		5
DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1,1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:		27/03/2013 22/12/2021 TBC		Page 1 of 1