Employee Request for Annual Leave

Employee	Name:	osep	h M	'Slow				
l request f	PAID leave from	a work as foll	ows:	¥				
Commenc	ing: 11 7	.22		· ·				
Ending:		.		,				
Number o	f days to be tak	en: i						
I request l	INPAID leave fi	rom work as j	follows:					
Commenc	ing:		e: 					
Ending:				•				
	f days to be tak				niidamani is i	ised un and		
riease No no unpaid	te: Unpaid lea leave can be t	ve <u>cannot</u> we aken with o ut	the prior	authorisation	n of Richard o	r Martin.		
Employee	's Signature:	5.MC	Sorr 1	7				
Authorise	d by:	<i></i>						
J.R. Hayh	oe:					*		
M. O'Brien:					Office use only: Days remaining			
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO: 1	1 LAST R	ON DATE:	27/03/2013 22/12/2021	Page 1	of 1	