

FORM

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DOCUMENT OWNER:

Employee Request for Annual Leave

	Cooless	on Diamen.	CE (E	DIJ	MSHARRY			
	empioye	e Name:	3032	1 17	17 SHARN	<u> </u>		
	l requesi	: PAID leave fro	om work as	follo	ws:			
	Commen	cing: 18/	3/2-	ح				
	Ending:							
a 12	Number	of days to be ta	iken:	1	·			
	l request	UNPAID leave	from work	as fo	ilows:			
	Commen	cing:						
	Ending:							
	Number	of days to be ta	keń:	. ,				
	Please No no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	be to out th	iken until all leave e e prior authorisatio	ntitlement is n of Richard c	used up and or Martin.	d
	Employee	e's Signature:	5.M	1)	lary /	/ JAMES SPECIAL	167 JOHNESON	*
	Authorise	ed by:		••••••	ACTION	· 8 MAR	320	Q.
J.R. Hayhoe:								
M. O'Brien:						Office use only: Days remaining		
DOCUMENT REFERENCE:		ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	, Pag	e 1 of 1

NEXT REVIEW DATE:

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