

Employee Request for Annual Leave

Employee Name: _	JOSEP	H t	7-SHARRY			
I request PAID leave	from work as f	ollows:				
Commencing: 2	2/6/2	7				
Ending:		* * * * * * * * * * * * * * * * * * *				
Number of days to b	e taken:	,				, 5
I request UNPAID led	ave from work a	as follo	ws:			
Commencing:						
Ending:		-	· · · ·			
Number of days to b	e taken:					
Please Note: Unpai no unpaid leave can						
Employee's Signatur	e: 5, 17	csl	000	JMS SPECIA	LIST JOINERY LTD	
Authorised by:	Ja		4C77	24 JA	N 2022	
J.R. Hayhoe:				CC	OPIES	
M. O'Brien:				Office use only: Days remaining 27		
DOCUMENT REFERENCE: ADM-FM-001 HOLIDAY REQU FORM DOCUMENT OWNER: DS	VERSION NO:	1.1 L	REATION DATE: AST REVISION DATE: JEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1	