

Employee Request for Annual Leave

Employee	Name:	TOSEP	Н	MISHARRY		
I request	PAID leave froi	n work as f	ollow	rs:		
	cing: <u>24</u>	12/2	7	-		
Ending: Number o	of days to be tal	ken:/	į			
l request	UNPAID leave j	from work o	is foli	lows:		
Commend	cing:	<i></i>				
Ending: Number o	of days to be tal	ken:				
*				ken until all leave en e prior authorisation		
	e's Signature:	- M	c (lan -	IMS SPECIALIS	TJOINERYLID
Employee Authorise		- J			24 JAN 2	DOINERYLID
J.R. Hayh				ACTION	COPIE	. /
M. O'Brie					Office use Days rema	
DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1