

Employee Request for Annual Leave

	Employee	Name:	TOSEP	H	MISHARRY				
	I request	PAID leave fro	m work as f	ollou	'5 :				
			,						
u la	Commend	cing: <u>24/</u> 25/	3/27		8 G			*	
	Ending:	25/	3/2	2	•				
	Number o	of days to be ta	ken:	Z	* · ·				
	I request	UNPAID leave	from work o	as fol	lows:				
		, we way							
	Commend	cing:					. 2		
	Ending:	· · · · · · · · · · · · · · · · · · ·							
	Number c	of days to be ta	ken:						
					ken until all leave ei e prior authorisatioi			nd	
					* • * * * * * * * * * * * * * * * * * *	-			
	Employee	's Signature:	5.M	5	long	JIMS &	PECIALIST	JOINERYLID	
		W W		, .		/ /		JOINERY	
	Authorise	d by:				2	4 JAN 20.	10	
					* * *	ACTION			
	J.R. Hayh	oe:					LE PRES		
	M. O'Brien:						Office use only:		
						Days rema	ning	<u> 78</u>	
DOCUMENT	REFERENCE:	ADM-FM-001			CREATION DATE:	27/02/2012		<u> </u>	
	01415	HOLIDAY REQUEST FORM	VERSION NO:	1.1	LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Pa	age 1 of 1	