Employee Request for Annual Leave

Employe	e Name: MA	ALCOLM	TX	YLOR				
Trequest	PAID leave fro	m work as j	follor	vs:				
Commen	cing: <u>Mon</u>	Ist Acc	gw,	t-22				
Ending:								
Number of days to be taken:					•			
l request	UNPAID leave	from work (us foi	llows:				
Commend	cing:							
Ending:	_/_						*	
Please No		ave <u>cannot</u>		ken until all leave e e prior authorisatio	n of Richard a	r Martin	•	
Employee Authorise	e's Signature: / ed by:	Palalan	<i>J</i>		1	JUL 20		
J.R. Hayh	oe:		••••••					
M. O'Brien:					Office use only: Days remaining 14			
DOCUMENT REFERENCE: 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	