

Employee Request for Annual Leave

Employee	e Name: <u>M</u>	ALCOLM	T	AYLON		
* .			Ř			
l request	PAID leave fro	m work as j	follov	vs:		
Commend	ing: <u>Fri 8</u>	Ch Apri	12	.022		
Ending:						
Number c	of days to be ta	ken:	1			
l request	UNPAID leave	from work (as fol	lows:		
Commend	ing:					
Ending:			/			
Number c	of days to be ta	ken:				
				ken until all leave er e prior authorisation		
Employee	's Signature: . _.	Malada	Tay	1	Mas	SPECIALIST JOINERY LTD
Authorise	d by:		··········		ACTION	2 4 MAR 2022
J.R. Hayh	oe:	•	•••••			COPIES
M. O'Brien:					Office use only: Days remaining 22	
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