

Employee Request for Annual Leave

	Employee	Name: <u>MA</u>	LCOLM	TAY	COM			
**	,							
,	l request F	PAID leave from	n work as fo	llow.	s:			
	Commenci	ing: Tues Fri 160	13th Dece	nbe	~ ZZ			
	Ending:	Fri 160	h Decom	ber	22			
5 <u> </u>	Number of	f days to be tak	en: <u>4</u>	-				
		INPAID leave f			OWS:			
	Trequest	INPAID IEUVE J	IOIII WOIK G	Jon	0443.			
	Commenci	ing:	and the second s	and the second	are marked to the second secon			
	Ending:							
	Number of	f days to be tak	en:					
	no unpaid	te: Unpaid led leave can be t 's Signature: //	aken withou	it the	ken until all leave en e prior authorisation	titlement is u of Richard o	ised up and r Martin.	
	Authorise	d by:			•••			
	J.R. Hayho	pe:						
	M. O'Brien:					Office use only: Days remaining		
DOCUMENT	REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1	of 1

DOCUMENT OWNER: