

Employee Request for Annual Leave

Employe	ee Name: M	ALCOLI	7 TAYO	on			
l reques	t PAID leave fro	om work as f	ollows: CA	NCEL	LED		
Comme	ncing: <u>Wed</u> <u>Fri</u>	144 12	-22				
Ending:	Fri	16th 12	-22				F - 4 T
Number	of days to be ta	ıken:	7				-
l reques	t UNPAID leave	from work a	s follows:				
Commer	ncing:						
Ending:				· ·			
Please N	of days to be ta lote: Unpaid le id leave can be	ave <u>cannot</u> k					d
Employe	e's Signature:	Natcolon	7/		Juis speci	ALIST JOINE	RY,
Authoris	ed by:				131	DEC 277	
J.R. Hayh	noe:			AC	TION	To de	3 1
M. O'Brie	en:				Office use o Days remai		5
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	CREATION E LAST REVISI NEXT REVIE	ON DATE: 23	7/03/2013 2/12/2021 3C	Page	21 of 1