

Employee Request for Annual Leave

	Employee	Name: <u>MA</u>	LCOLM T	AY	ion (JMS)			
* ,		AID leave from							
	Commenci	ng: <u>Fri</u> 2	1st Ja	1	2027				
. • '.	Ending:								
	Number of	days to be tak	en:					4	
	, " " - ",								
	I request U	INPAID leave fi	rom work as	follo	ows:		# 17		
	Commenci	ng:	-					erer e e e e e e e e e e e e e e e e e	
	Ending:								
	Number o	Edays to be tak	en:	-					
	no unpaid	leave can be to	aken withou	t the	ken until all leave ente e prior authorisation	of Richard o	8 JAN	OINERY LTD	
	J.R. Hayhoe:					ACTION COPIES			
	M. O'Brie	n:			Office use only: Days remaining31				
	T 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	