

Employee Request for Annual Leave

Employe	e Name: <u>MA</u>	LCOLM T	4460	ner			
, ·							
l request	PAID leave from	n work as fo	llows:				
	F : 25	1 1					
Commen	cing: <u>Fri` 22</u>	ad Hpri	127	, i i i i i i i i i i i i i i i i i i i			
Ending:			1				
Number	of days to be tal	ken:		· · · · · · · · · · · · · · · · · · ·			
I request	UNPAID leave j	from work a	s follov	vs:			
Commen	cing:						
Ending:	_/				8		
Number	of days to be tal	en:		-			
	*						
Please N no unpai	ote: Unpaid lea d leave can be t	ave <u>cannot</u> b aken withou	e take. It the p	n until <mark>all le</mark> ave e prior au <mark>thori</mark> satio	ntitlement is u n of Richard o	ısed up and r Martin.	
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		11/1	11				
Employe	e's Signature: /.	/alcally /	J.L	_			
		Sha					
Authoris	ea by:						
J.R. Hayl	noe:						
		/			O#:	- ml	
M. O'Brien:					Office use only: Days remaining		
		•					
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1 U	REATION DATE: AST REVISION DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1	