

Employee Request for Annual Leave

Employe	e Name: <u>M</u>	ALCOLM	T	tycon		
l request	: PAID leave fro	om work as	follo	ws:		
Commer	icing: Tues	30 6h Ac	gu	t 22	,	
Ending:	Fri 9	th Sept	emb	er 22		
Number	of days to be ta	aken:	9	7		
	* "				* 4	
l request	UNPAID leave	from work	as fo	llows:		
Commen	cing:					
Ending:					a	
						w
Number	of days to be ta	ken:		å		
						, , , ,
				aken until all leave e ne prior authorisatio		-
	s icase can be		, ,	e piror additorisatio	Mos .	or total city.
			1		1	EQ ₂
Employee	e's Signature: .4	Malalen	al			14/37 VOs.
		/		140	77	Via
Authorise	ed hw	1			(3)	V6 222
Authons				····	703	~ 10
J.R. Hayh	oe:					
M. O'Brien:					Office use only:	
					Days rema	
					1 40	
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
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