

## Employee Request for Annual Leave

Employe	e Name: <u>M/</u>	ALCOLM	TA	HUN		
Irequesi	: PAID leave fro	m work as j	iollov	vs:		
Commen Ending:	icing: <u>Tues</u>	The Man	<u>c</u> 4	23		
Number	of days to be ta	lken:				
l request	UNPAID leave	from work	as foi	llows:		
Commen	cing:					
Ending:			_	<del></del>		
Number	of days to be ta	ken:				
				ken until all leave ei e prior authorisation		
Employee's Signature: / lalala Tayl						
Authorised by:						
J.R. Hayh	oe:	······	•••••			
M. O'Brien:					Office use only: Days remaining	
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