

Employee Request for Annual Leave

Employe	ee Name: <u>M</u>	ALCOLM	T	Aylon			
l request	t PAID leave fro	om work as	follo	ws:			
Commer	ncing: <u>Frida</u>	g 24°	4 J	ebruans			
Ending:							
Number	of days to be ta	aken:					
l request	UNPAID leave	from work	as fo	llows:			
Commen	cing:						
Ending:			_				
Number	of days to be ta	ken:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				aken until all lea e prior authoris			
Employee	e's Signature: .!	Uslada 1	1		J	MS SPECI	ALIST JOINERY LTD
Authorised by:							EB 2023
J.R. Hayh	oe:		•••••		ACTI	ON	COPIES O
M. O'Brien:					Office use only: Days remaining 25.		
DOCUMENT REFERENCE: DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/201 22/12/202 TBC		Page 1 of 1