

Employee Request for Annual Leave

Employee Name: GLYN WARD

I request PAID leave from work as follows:

Commencing: 13 OCTOBER

Ending: _____

Number of days to be taken: 1

(TOOTH EXTRACTION.
MAYBE UNFIT.
FOR WORK THE
FOLLOWING DAY.
DONT KNOW YET)

I request UNPAID leave from work as follows:

Commencing: _____

Ending: _____

Number of days to be taken: _____

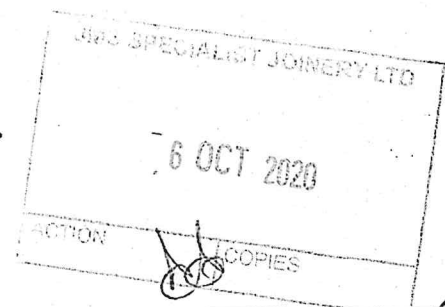
Please Note: Unpaid leave cannot be taken until all leave entitlement is used up and no unpaid leave can be taken without the prior authorisation of Richard or Martin.

Employee's Signature: _____

Authorised by: _____

R.C. Hayhoe: _____

M. O'Brien: _____



Office use only:
Days remaining

2 ✓