

Employee Request for Annual Leave

	Employee	Name:	240/	n	19RO			
		AID leave fron						
	Commenci	ng: <u>19</u>	AF	R_{I}				
	Ending:	ng: <u>19</u> <u>2</u> 2	AP	Ril				
	Number of	days to be tak	en:	4				
	I request L	INPAID leave f	irom work a	s foll	ows:			
	Commenci	ng:						
	Ending:							
	Number of	f days to be tak	(en:		·			
	Please No	te: Unpaid lec leave can be t	ave <u>cannot</u> i aken witho	be tal ut the	ken until all leave en e prior authorisation	atitlement is u of Richard O	sed up 4 r Martin	and
ı	Employee	's Signature:		100		JMS SPI	ECIALIST	JOINERY LTD
	Authorise	d by:	Ys		••		29 MAR	2022
	J.R. Hayho	oe:	••••			ACTION		
	M. O'Brie	n:		•••••		Office use Days rema		14.
VIEN'	T REFERENCE:	ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021		Page 1 of 1

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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