



KATHARINE  
SPECIALIST JOINERY LTD

## Employee Request for Annual Leave

Employee Name: GLYN WARD

*I request PAID leave from work as follows:*

Commencing: 23 MAY 22

Ending: \_\_\_\_\_

Number of days to be taken: 1

*I request UNPAID leave from work as follows:*

Commencing: \_\_\_\_\_

Ending: \_\_\_\_\_

Number of days to be taken: \_\_\_\_\_

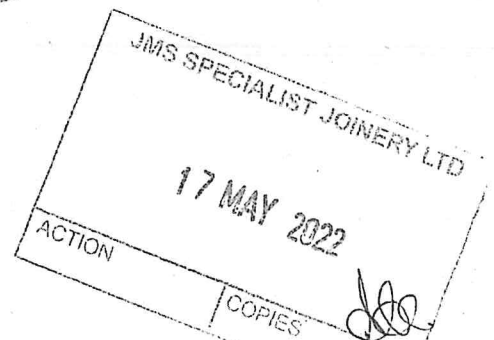
**Please Note:** Unpaid leave cannot be taken until all leave entitlement is used up and no unpaid leave can be taken without the prior authorisation of Richard or Martin.

Employee's Signature: \_\_\_\_\_

Authorised by: \_\_\_\_\_

J.R. Hayhoe: \_\_\_\_\_

M. O'Brien: \_\_\_\_\_



Office use only:  
Days remaining

12

DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE:	27/03/2013	Page 1 of 1
DOCUMENT OWNER:	DS			LAST REVISION DATE: NEXT REVIEW DATE:	22/12/2021 TBC	