

Sick days taken as

## Employee Request for Annual Leave

Employe	e Name: C	iliju	W	MYD			
	-	7					
lrequest	PAID leave fro	m work as	follor	Ws:			
Commen	cing: 24	- 8. 2	1				
Ending:	cing: <u>24</u>	.8.2	2_				
Number	of days to be ta	ken:	2	- '			
· · · · · · · · · · · · · · · · · · ·							
l request	UNPAID leave	from work	as foi	llows:			
Commen	cing:						
Ending:		<u> </u>					
Number	of days to be ta	ken:		* :			
				ken until all leave er e prior authorisation			
Employee	e's Signature:		~)	·····			
Authorise	ed by:	H			variation is not		
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	