

Employee Request for Annual Leave

	Employed	e Name:		,	ghyn	MARI	2
	Trequest	PAID leave fro	m work as j	follov	ws:		
	Commend	cing: <u>.30</u>	AUG		22		
	Ending:	1	SEPT		22		
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	number c	or days to be ta	Ken:	<u></u>			
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	Commend	cing:					
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	Employee	's Signature				2 10	- 6066
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	Authorise	dby:			••••	and the second s	061
	10 11	/	,				(10)
	J.R. Hayho	ne:				-	
	M. O'Brie	n:				Office use	
						Days rema	ining
IT F	REFERENCE:	ADM-FM-001			CREATION DATE:	27/03/2013	
		HOLIDAY REQUEST	VERSION NO:	1.1	LAST REVISION DATE:	22/12/2021	Page 1 of 1

DOCUMENT REFERENCE: ADM-FN HOLIDAY FORM DOCUMENT OWNER: DS	request 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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