

Employee Request for Annual Leave

Employe	e Name:			Ghyn i	VIPIZD		
l request	PAID leave fro	m work as	follov	vs:			
Commen	cing: <u>22</u>	2 MAY	,	23			
Ending:							
Number	of days to be ta	ken:	1				
l request	UNPAID leave	from work	as fo	llows:			
Commen	cing:						
Ending:	/						
Number	of days to be ta	ken:					
				ken until all leave e e prior authorisatio			
Employee	e's Signature J a						
Authorise	ed by:		·········	•••			
J.R. Hayh			•••••				
M. O'Brien:					Office use only: Days remaining		
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1	