

Employee Request for Annual Leave

Employ	ree Name:	ED h	lin	TERBURN			
Ireque	st PAID leave fr	om work as	follo	ws:			
		100					
Comme	encing: 6	6.27					
G - 1	10.	1,77		14			
Numbe	r of days to be t	aken:	D	AYS			
		*		-			
l reque	st UNPAID leave	from work	as fa	llows:			
		,					
Commun		1					
Comme	ncing:	1					
Ending:	- F						
Numhe	r of days to be to	aken:					
	or days to be to	aken.					
Please i no unpo	Note: Unpaid la aid leave can be	eave <u>cannot</u> taken with	be to	aken until all leave e ne prior authorisatio	ntitlement is n of Richard	used up and or Martin.	
Employ	ee's Signature:						
Authori	sed by:		•••••				
J.R. Hay	hoe:						
M. O'Brien:					Office use only:		
W 100				Days remaining			
, w							
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013	D	
DOCUMENT OWNER:	FORM DS	7 - 1.5.014 140.	1.1	NEXT REVIEW DATE:	22/12/2021 TBC	Page 1 of 1	