Employee Request for Annual Leave

	eyolqm3	e Name: 🔃	ED W	INTERBU	IRN	
	Trequest	PAID leave fro	om work as fol	lows:		
	Commen	cing: 15/	8/22	-		
	Ending:	15/	8/22			
	Number	of days to be ta	iken: 1 1	DAY		
	l request	UNPAID leave	from work as	follows:		
				, i		
	Commen	cing:				
*	Ending:					
	Number o	of days to be ta	ken6			
	no unpaid			taken until all leave the prior authorisat		
	Authorise J.R. Hayh	2			10	1 AUG 2000 July 1
	M. O'Brie	n:		••	Office use Days rema	,
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