

## Employee Request for Annual Leave

Employe	e Name: 16	ED W,	NTI	ERBURN			e x
l requesi	: PAID leave fro	m work as	follo	ws:			
¥			<b>3</b>				
Commen	cing: 21/	16/2-	ζ				
Ending:	21,	16/2	2				
Number	of days to be to	aken:	Da	<i>y</i>			
l request	UNPAID leave	from work	as fo	llows:			
Commen	cing:			·····			
Ending:	- ·						
Number	of days to be ta	ken:		<u> </u>		• •	
				aken until all leave e se prior authorisatio			
Employee	e's Signature:	180.1	2				
Authorise		-JV	••••••••	••••••••••••••••••••••••••••••••••••••		¥	
J.R. Hayh	oe:						
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:	27/03/2013 22/12/2021		Page 1 of 1