

Employee Request for Annual Leave

	Employee	Name: 16	to Wi	N.T.	ERBURN		
	I request I	PAID leave from	n work as fe	ollow	s:		
		ing: <u>25/</u> 25/					
	Number o	f days to be tak	ken: 1 [)A)	/		
	I request (UNPAID leave j	from work a	ıs foll	lows:		
	Commenc	ing:					
	Ending:						
	Number o	f days to be tak	xen:				
					ken until all leave en e prior authorisation		
Employee's Signature:						JUNE	SPECIALIST JOINERY LTD
	Authorise	d by:		. ,			22 FEB 2022
	J.R. Hayho	oe:				ACTION	COPIES
M. O'Brien:						Office use only: Days remaining 17	
DOCUMENT		ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1