

Employee Request for Annual Leave

Employee	Name: 16	50 WI	NT	ERBURN		
l roques÷ i	PAID leave from	n work as f	allow			
i request i	PAID leave from	n work us je	יייטוונ	· .		
Commenc	ing: 25	/3/2	2			
Ending:	25/	3/22	, ,			
Number o	f days to be tak	ken: <u> </u>)P)>	/		
l request (UNPAID leave ĵ	rom work o	is foll	lows:		
Commenc	ing:					
Ending:		_/_		**************************************		
Number o	f days to be tak	ken:				
				ken until all leave en e prior authorisation		
Employee	′s Signature:		1.		JWS SPE	CIALIST JOINER
Authorise	d by:	Jv.			ACTION 2	2 MAR 2022
J.R. Hayh	oe:					COPIES (16)
M. O'Brien:					Office use only: Days remaining	
DOCUMENT OWNERS	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