

Employee Request for Annual Leave

| Employee Name: 5 2019H | · · · · · · · · · · · · · · · · · · · |
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| I request PAID leave from work as follows: | |
| Commencing: $F_{c_1}^{\circ}$ $3 8 18$ Ending: $F_{c_1}^{\circ}$ $10 8 18$ | |
| Number of days to be taken: 6 | |
| I request UNPAID leave from work as follows: | |
| Commencing: | |
| Ending: | |
| Number of days to be taken: | |
| Please Note: Unpaid leave <u>cannot</u> be taken until all leave en and no unpaid leave can be taken without the prior authorisa Martin. | • |
| Employee's Signature: | |
| Authorised by: | |
| R.C. Hayhoe: | |
| M. O'Brien:: | Office use only: Days remaining |
| | |

| DOCUMENT REFERENCE: DOCUMENT OWNER: | ADM-FM-001 HOLIDAY REQUEST FORM DS | VERSION NO: | 1.0 | CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE: | 27/03/2013 N/A 27/03/2014 | Page 1 of 1 | | |
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