



RAPHAEL
CONTRACTING LTD

Employee Request for Annual Leave

Employee Name: S. WRIGHT

I request PAID leave from work as follows:

Commencing: 4.2.22 / 11.2.22 / 18.2.22 / 25.2.22 / 4.3.22

Ending: _____

Number of days to be taken: 5

I request UNPAID leave from work as follows:

Commencing: _____

Ending: _____

Number of days to be taken: _____

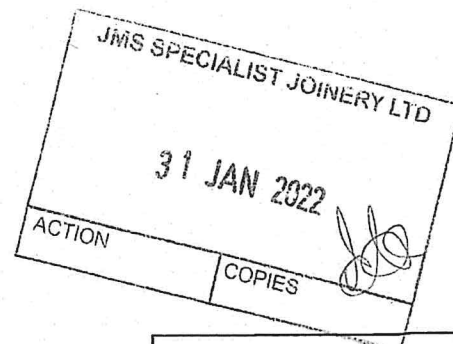
Please Note: Unpaid leave cannot be taken until all leave entitlement is used up and no unpaid leave can be taken without the prior authorisation of Richard or Martin.

Employee's Signature: [Signature]

Authorised by: _____

J.R. Hayhoe: _____

M. O'Brien: _____



Office use only:
Days remaining 12

DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE:	27/03/2013	Page 1 of 1
DOCUMENT OWNER:	DS			LAST REVISION DATE:	22/12/2021	
				NEXT REVIEW DATE:	TBC	