

Employee Request for Annual Leave

Employe	e Name:	5:	u	RICHT				
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Irequest	t PAID leave fro	m work as	follo	ws:				
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Commen	ncing:19	. (1. 1						
Ending:			ř.					
Number	of days to be ta	ıken:	<u>l</u>	· · · · · · · · · · · · · · · · · · ·				
I request	UNPAID leave	from work	as fo	llows:				
Commen	cing:		/					
Ending:	/							
		8						
Number	of days to be ta	ken:						
				aken until all leave e				
no unpai	a leave can be	taken witho	out th	ne prior authorisatio	n of Richard o	er Marti <mark>n</mark> .		
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Employee	e's Signature:	The	•		SPEG	42131 0011		
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J.R. Hayh	oe:		•••••			696		
M. O'Brie	M. O'Brien:					Office use only:		
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ENT REFERENCE:	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		
MENT OWNER:	DS		L.	neview bate.	, 500			