

Employee Request for Annual Leave

Employ	ee Name:	Sin	ili	UMT		,	
Lupaus	÷ 5045 1 5		c_ 11 -				
reques	t PAID leave fro	om work as	jolloi	NS:			
Comme	ncing: 2	2. API	Ril	. 22			
Ending:							
	of days to be ta	aken:	l	,	**		
Treques	t UNPAID leave	from work	as fo	llows:			
Commer	ncing:						
Ending:	1		_				
Number	of days to be ta	keri:	······································				
		-		iken until all leave e e prior authorisatio		-	
		, ~/	h				
Employe	e's Signature:			······	Jane	SPECIALIST JOINERY ITE	
Authoris	Employee's Signature:						
J.R. Hayl	noe:				*C716N		
M. O'Brien:					Office use Days rema	1	
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE:	27/03/2013 22/12/2021	Page 1 of 1	