

Employee Request for Annual Leave

Employ	ee Name:	Si	PI	att		
l regues	t PAID leave fro	om work as	follo	ws:		
Comme	ncing:l().2.	2	3		
Ending:						
Number	of days to be ta	aken:	_[
l reques	: UNPAID leave	from work	as fo	llows:		
Commen	icing:					
Ending:			_/			
Number	of days to be ta	ken:				
Please N no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	be to out th	aken until all leave e ne prior authorisatio	entitlement is on of Richard (used up and or Martin.
Employed	e's Signature:		1	/ 	JMS SH	PECIALIST JOINERY LTD
Authorise	ed by:	L'E	h	<u></u> .	ACTION 05	FEB 2023
J.R. Hayh			••••••			COPIES
M. O'Brien:					Office use only: Days remaining 2	
DOCUMENT REFERENCE:	ADM-FM-001 HOLIDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Page 1 of 1

NEXT REVIEW DATE:

TBC

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