

Employee Request for Annual Leave

Employe	ee Name:	Sin	RIC	IMT			
l requesi	t PAID leave fro	m work as j	follov	vs:			
Commen	ncing:	9.1.	23				
Ending:							
Number	of days to be ta	ken:		-			
I request	UNPAID leave	from work	as fol	llows:			
Commen	cing:						
Ending:		·	/				
Number	of days to be ta	ken:					
				ken until all leave o e prior authorisatio			
Employee's Signature:					JMS SPECIA	LIST JOINERY LTD	
Authorised by:					1 7 JAN 2023		
J.R. Hayh	J.R. Hayhoe:				ACTION	COPIES	
M. O'Brie	M. O'Brien:					Office use only: Days remaining15	
DOCUMENT COMMED:	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	

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