

Employee Request for Annual Leave

Employe	e Name:	S.a	Ri	ult		
l request	PAID leave fro	m work as j	follov	ys:		
Commen Ending:	cing: <u>25</u>	.8.23 9.8.28) >			
	of days to be ta	ken:	2			
l request	UNPAID leave	from work	as fol	lows:		
Commen	cing:					
Ending: Number (of days to be tal	ken:	-			
				ken until all leave ei e prior authorisation		
	e's Signature:	Jak				7 FEB 2023
Authorise J.R. Hayh	· · ·			•••	ACTION	copes
M. O'Brien:					Office use only: Days remaining	
DOCUMENT REFERENCE:	ADM-FM-001 HOUDAY REQUEST FORM	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	27/03/2013 22/12/2021	Page 1 of 1