

Employee Request for Annual Leave

Employ	ee Name:	<u>S.</u>	w	hight		
l reques	t PAID leave fr	om work as	follo	ws:		
Comme			2			
Ending:	2	. 6	2	3		
Number	of days to be t	aken:	4			
l reques	: UNPAID leave	from work	as fo	llows:		
Commen	cing:					
Ending:			/			
Number	of days to be ta	iken:				
Please N no unpai	ote: Unpaid le d leave can be	ave <u>cannot</u> taken witho	be to	aken until all leave d ne prior authorisatio	entitlement is on of Richard (used up and or Martin.
Employed	e's Signature:		7	·····		
Authorise	ed by:	<u> </u>	4		1	EB 2023
J.R. Hayh	oe:	•••••••••••••••••••••••••••••••••••••••	•••••		ACTION	COPIES
M. O'Brie	n:		••••••		Office use Days rema	' ()
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

DOCUMENT REFERENCE: DOCUMENT OWNER:	ADM-FM-001 HOLIDAY REQUEST FORM DS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	27/03/2013 22/12/2021 TBC	Page 1 of 1
--------------------------------------	---	-------------	-----	--	---------------------------------	-------------