

Extended Periods of Annual Leave Request Form		
Employee Name		
Division:		
Job Title:		
Employment Commencement date:		
Holiday date requested:		
Number of days:		
Reason for extended leave:		
Signed (Employee)		Date:
Signed (HR)		Date form received by HR:
Signed (HR)		
Over 10 years' service Yes [] No [] No live disciplinaries on file Yes [] No []		
ACTION		
Your Director will now discuss this request with the HR Director and Managing Director before deciding whether to agree to it or not. This meeting should be held as soon as possible after the receipt of this application.		
Signed (Director):		ate:
		ate:
Signed (Managing Director):	Da	ate: