



LEAVE APPLICATION

EMPLOYEE TO COMPLETE

Please use a separate form for each type of leave applied for

NAME: _____

- Request for Annual Leave
- Request for Bereavement Leave
(Previously Compassionate Leave)
- Request for Long Service Leave
- Request for leave without pay
- Request to take TOIL for more than half a day
- Other (e.g. parental – see HR Officer first)
- Request for Sick Leave (for self or to care for family member)
Please note that sick leave extending more than two days consecutively requires a medical certificate before sick leave entitlements can be paid. Please attach doctor's certificate with this form.

LEAVE DATES:

No of days or hours of leave requested _____

_____ to _____

(First day of leave) (Last day of leave)

Do you wish to have your wages advanced prior to commencement of leave?
(Only applicable with Annual Leave – Please email Payroll Officer with request)

- YES
- NO

SIGNATURE of EMPLOYEE: _____ DATE: ____/____/____

SUPERVISOR/ AUTHORISED PERSON TO COMPLETE

- Authorised person to check with HR Officer that sufficient leave has been accrued

Amount accrued: _____

LEAVE AUTHORISED BY: _____ DATE: ____/____/____

- Send copy of approved leave to Employee
- Send original form to Payroll Officer