



# LEAVE APPLICATION

Complete the applicable sections of this form and submit to your direct supervisor. Attach supporting documentation (e.g. doctors certificate) if required.

<b>Last name:</b>	<b>First name:</b>
<b>Position:</b>	

Leave Type	Days	Hours	From (Date/Time)	To (Date/Time)
Sick				
Annual				
Carers				
Long Service				
Maternity				
Bereavement				
Without Pay				

<b>Reason:</b>
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<b>Signature:</b>	<b>Date:</b>
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***Approval use:***

<b>Application Status:</b> Approved    /    Declined	<b>Date:</b>
<b>Position:</b>	<b>Signature:</b>

***Payroll use:***

<b>Hours Requested:</b>	<b>Hours Paid:</b>	<b>Date Processed:</b>
<b>Name and Signature:</b>		