**LEAVE APPLICATION FORM**

Employee Name: \_\_\_

Position Title: \_\_\_

First day of leave: Last day of leave:

Number of Hours of Leave Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Leave:** <tick applicable box>

* Annual Leave ❑ Community Service Leave
* Parental Leave ❑ Long Service Leave
* Compassionate Leave ❑ Unpaid Leave
* Personal/Carers Leave ❑ Jury/Emergency Service Leave

Other Leave: <Please specify>

 \_\_\_

Medical Certificate Attached: ❑ Yes ❑ No

Leave requested: ❑ Paid ❑ Unpaid

**Employee Details:**

Signature (Employee) Date

**Approval Details:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name (Employer/Manager) Signature (Employer/Manager)

Date

**Office Use:**

Comments:

 **\_\_\_ \_\_\_**

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Initials** |
| Payroll Entered |  |  |
| Leave History Entered |  |  |