

LEAVE APPLICATION FORM

This form is to be used by all staff to advise Payroll Services of applications for leave (annual, special, long service, bereavement, without pay) or absences taken (sick/accident leave, jury service).

Please complete an Accident/Incident Report form for a work-related personal injury.

Please attach a medical certificate if sick leave exceeds five days.

Leave without pay will not normally be approved if any annual or accumulated leave is available.

If payment of salary is required before leave commences, please contact Payroll Services.

PERSONAL DETAILS

Name: Alex Pape

Position: Web Developer

Department or Division:

Email:

LEAVE DETAILS

Leave Type*	Date from (Inclusive)	Date to (inclusive)	No. of working days
AL	19.12.11	17.01.12	17

*Annual Leave (AL), Accumulated Annual Leave (AA), Long Service Leave (LSL) Special Leave (SPEC), Leave without Pay (LWOP)

Please supply details if applying for Special Leave or Leave without Pay

ABSENCE DETAILS

Absence Type*	Date from (Inclusive)	Date to (inclusive)	No. of working days

Sick Leave (SL), Bereavement/ Leave (BER/TL), Jury Service (JURY)

If the absence is for sick leave, please tick one of the following boxes:

☐ Related to a work injury

- ☐ Related to a non-work injury
☐ Not related to an injury

I understand that approval of leave is subject to confirmation of entitlement.

Signature of employee: _____ Date: _____

APPROVAL/AUTHORISATION BY MANAGER

Name (Print) _____ Signature: _____ Date: _____

(Special Leave or Leave without pay only) Approval/Authorization by Director

Name (Print) _____ Signature: _____ Date: _____

PAYROLL SERVICES USE ONLY

Leave Input Date: _____ Signed: _____