



### STUDENT LEAVE APPLICATION FORM

NB: If you have more than one placement, please complete a separate form for each appointment.

FULL NAME	
EMPLOYEE NUMBER	
POSITION TITLE	
ORGANISATION UNIT	

DETAILS OF LEAVE	FULL DAYS	FULL DAYS	PART DAYS		PART DAYS	
LEAVE CODES (circle applicable) - Recreation Sick leave ( <b>Note:</b> 3 days or more requires a medical certificate) Carers leave						
DATE OF FIRST DAY OF LEAVE						
DATE OF LAST DAY OF LEAVE						
TOTAL AMOUNT OF LEAVE TO BE DEBITED (FOR PART DAYS ONLY)			HOURS	MINS	HOURS	MINS

APPROVAL AUTHORITY: [\*\* See Sectin 7.12 of the HUPP for current delegations for leave approval\*\*]

	NAME	SIGNATURE	DATE
APPLICANT			
SUPERVISOR/MANAGER OF SECTION			
HEAD OF ORGANISATIONAL UNIT			
EXECUTIVE DEAN (WHEN RELEVANT)			

HUMAN RESOURCES STAFF TO COMPLETE

	SIGNATURE	DATE
LEAVE DETAILS ENTERED BY		
LEAVE DETAILS CHECKED BY		