

Leave Application Form



First Name: _____ **Surname:** _____

Annual Leave

Dates you are away From: ____/____/____ To: ____/____/____

Total Number of Working days you are away: _____

Sick Leave

Dates you are away From: ____/____/____ To: ____/____/____

Are you providing a Medical Certificate? YES or NO

If you are absent from work due to illness for 3 or more consecutive days, a medical certificate is required

Termination of Employment with 1st Call

Last Day of Employment is: ____/____/____

I understand by terminating my employment with 1st Call there is a 4 week stand-down

Bereavement Leave

Please supply information regarding the person you are taking Bereavement Leave for:

Name _____ Relationship _____

Date of Funeral: ____/____/____ Location of Funeral _____

Number of Days absent from work _____ *We are very sorry for your loss.*

Signature: _____ **Date:** ____/____/____

BRANCH USE ONLY

Branch: AKL TGA HAM WEL

Consultant: _____ DATE _____

PAYROLL APPROVAL: _____

Please drop completed forms into your nearest 1ST CALL office or send direct to Payroll at: **FAX: (07) 579 9296**

EMAIL: admin@1cr.co.nz

Additional forms can printed off at our website www.1cr.co.nz