

APPLICATION FOR ANNUAL LEAVE

PLEASE READ GUIDELINES ON SECOND PAGE BEFORE COMPLETING THIS FORM

Employee Number: **Name :**
Please print full name clearly in BLOCK LETTERS

Department/Unit/Ward:


Hospital/Facility: **Contact Phone/Pager No:**

Payment option (✓): With normal pay **OR** Lump sum in advance before start of leave
 Last working day before leave/...../.....

FIRST DAY OF LEAVE:/...../..... **LAST DAY OF LEAVE:**/...../.....

Details of shift times and no. of hours for each day of leave being taken – THIS SECTION MUST BE COMPLETED

Day	Date	Leave Hrs Start Time	Leave Hrs End Time	No. of Leave Hrs	Day	Date	Leave Hrs Start Time	Leave Hrs End Time	No. of Leave Hrs
Mon					Mon				
Tue					Tue				
Wed					Wed				
Thur					Thur				
Fri					Fri				
Sat					Sat				
Sun					Sun				
Mon					Mon				
Tue					Tue				
Wed					Wed				
Thur					Thur				
Fri					Fri				
Sat					Sat				
Sun					Sun				
Mon					Mon				
Tue					Tue				
Wed					Wed				
Thur					Thur				
Fri					Fri				
Sat					Sat				
Sun					Sun				

 Complete and attach an additional leave form if insufficient space above to cover leave period

Applicant's Signature: **Date:**/...../.....

Approved:
Signature Print Name Date

THIS FORM SHOULD ONLY BE SENT TO PAYROLL SERVICES IF:

- ◇ THIS EMPLOYEE HAS REQUESTED PAYMENT IN ADVANCE, OR
- ◇ THIS IS AN ADJUSTMENT TO A PREVIOUS PAY PERIOD, OR
- ◇ THIS EMPLOYEE IS NOT PAID VIA ONE OF THE ELECTRONIC STAFF SCHEDULING SYSTEMS

[Otherwise, this form is to be retained by the employee's manager]

(see Guidelines on second page)

GUIDELINES FOR COMPLETION AND LODGEMENT OF THIS FORM

Important notes for employees:

- Ensure that your manager has confirmed that you have enough leave entitlement available to cover the period of leave
- Ensure that you complete the section “Details Of Annual Leave Hours Being Taken”. – this section must be completed, as this information is needed to determine the amount of leave to be paid to you (see completed sample below)

Sample completed section

Details of Annual Leave hours being taken

Day	Date	Leave Hrs Start Time	Leave Hrs End Time	No. of Leave Hrs	Day	Date	Leave Hrs Start Time	Leave Hrs End Time	No. of Leave Hrs
Mon	3 Jan	Public	Holiday	8	Mon	10 Jan	ADO		8
Tue	4 Jan	8.00	16.30	8	Tue	11 Jan	13.00	21.30	8
Wed	5 Jan	8.00	16.30	8	Wed	12 Jan	13.00	21.30	8
Thur	6 Jan	8.00	16.30	8	Thur	13 Jan	8.00	14.30	6
Fri	7 Jan	8.00	16.30	8	Fri	14 Jan	8.00	18.30	10
Sat	8 Jan	Off			Sat	15 Jan	Off		
Sun	9 Jan	Off			Sun	16 Jan	Off		

- If you tick the box requesting lump sum payment in advance before starting your leave – the leave payment will be paid on the last normal pay day prior to your leave (provided your leave form has been lodged 4 weeks in advance). Please note that any time that you work in the pay period in which your leave commences, will not be paid early – this will be paid as usual on the appropriate pay day whilst you are on leave.
- Any annual leave loading paid to you in respect of leave used from your next year’s entitlement, will be deducted from your final pay should you cease employment with SSWAHS before your next entitlement falls due.

Important notes for Managers:

- If your cost centre uses one of the SSWAHS staff scheduling systems, **DO NOT SEND THIS FORM TO PAYROLL SERVICES** – unless the employee has requested a lump sum payment in advance.
- If this leave period is an adjustment to a previous pay period - attach leave form to a completed Payroll Adjustment Form and submit to Payroll Services ASAP.
- Ensure that the “Details Of Annual Leave Hours Being Taken” section is completed in full – **these details are required in order to determine the appropriate leave hours to be paid for each day.**
- Leave forms should be submitted 4 weeks prior to the commencement of the leave period.
- **Leave cancellations and amendments to any forms previously submitted to Payroll Services** – managers should immediately notify Payroll Services, for advice on appropriate procedure to follow.