



## LEAVE APPLICATION FORM

Name: Click here to enter text.

Department: Click here to enter text.

Type of Leave:		No of Days
<input type="checkbox"/>	Annual Leave	<u>Click here to enter text.</u>
<input type="checkbox"/>	Personal/Carer's Leave (incl. Sick Leave)	<u>Click here to enter text.</u>
<input type="checkbox"/>	Time off in Lieu (provide details)	<u>Click here to enter text.</u>
<input type="checkbox"/>	Compassionate Leave	<u>Click here to enter text.</u>
<input type="checkbox"/>	Long Service Leave	<u>Click here to enter text.</u>
<input type="checkbox"/>	Parental leave	<u>Click here to enter text.</u>
<input type="checkbox"/>	Leave Without Pay	<u>Click here to enter text.</u>
<input type="checkbox"/>	Study Leave	<u>Click here to enter text.</u>
<input type="checkbox"/>	Community Services/Defence Leave	<u>Click here to enter text.</u>
<b>Total Number of days:</b>		<u>Click here to enter text.</u>

*Refer to the Leave Policy for terms and conditions associated with leave type taken*

Inclusive Period of Leave: **Date from:** Click here to enter a date. **Date to:** Click here to enter a date.

Return to Work date: Click here to enter a date.

Employee Signature: \_\_\_\_\_ **Date:** Click here to enter a date.

*If leave is cancelled or changed, it is the applicant's responsibility to ensure these changes are brought to the attention of the Executive Secretary to amend records accordingly.*

### Authorisation:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Once authorised please forward to the Executive Secretary*

### Payroll Processed By:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_