

ANNUAL LEAVE APPLICATION

IF YOU HAVE ACCESS TO [HRonline](#) PLEASE USE IT TO APPLY FOR LEAVE, otherwise use this form which can be completed online before printing. However it cannot be sent electronically as you need to sign it. If you fill in the form by hand, PRINT CLEARLY IN BLOCK LETTERS, then forward to Human Resource Services for processing.

1. STAFF MEMBER TO COMPLETE

Staff Number:

Name:

Organisational Unit:

Work Phone:

Type of Leave:

Please note if incorporating
Flex, Toil or Rostered Days Off

If taking more than one period of Annual Leave, please complete the dates for each period.

First Date Last Date

First Date Last Date

First Date Last Date

Total Number of Working Days Hours Minutes

Payment in Advance: Yes No

For confirmation of salary in advance, please phone extension 15266.

Signature: **Date:**

2. HEAD OF ORGANISATIONAL UNIT RECOMMENDATION

Name:

Contact Number:

Signature: **Date:**

3. HUMAN RESOURCE SERVICES

Has been noted.

Signature: **Date:**

Note: Use [HROnline](#) to check your leave balance and bookings,