



Part-time Support Worker – Annual Leave Advice Form

Employee to Complete

Name:

Services You Provide (tick box)

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Other Food Services | <input type="checkbox"/> Respite | <input type="checkbox"/> Shopping Groups |
| <input type="checkbox"/> Social Groups | <input type="checkbox"/> Mens Group | <input type="checkbox"/> Out and About Group |
| <input type="checkbox"/> Craft Group | <input type="checkbox"/> Seniors Friendship Group Program | |

Total number of days requested (Hours and/or Days)

Commencement Date: **Final Date of Leave:**

Return to Work Date:

Please check your latest pay slip, where your accrued annual leave entitlement is stated, prior to making your request.

I have accrued _____ annual leave hours as at _____ date. Please pay me _____ hours for this period of annual leave.

Type of Leave Requested (tick box)

- | | | |
|--|---|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Compassionate Leave |
| <input type="checkbox"/> Leave without Pay | <input type="checkbox"/> Long Service Leave | <input type="checkbox"/> Parental Leave |

Signature:

Date:

(Employee)



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Coordinator to Complete

Due to the nature of part-time staff contracts and the requirement to accrue leave, Coordinators cannot approve requests by part-time staff to take Annual Leave. This is for all part-time staff who work in the following service areas:- Group-1 Services, Daycentre program (ie supervisor, activities officer, drivers)

The Service Coordinator is to complete this section and then pass onto one of the following staff for final approval – Team Leader, HR Manager, General Manager or CEO.

Leave recommended: ☐ Yes ☐ No

Signature:

Date:

(Service Coordinator)

Human Resources to Complete

Number of hours to be processed:

Balance of Annual Leave:

Leave recommended: ☐ Yes ☐ No

Signature:

Date:

(Manager)

Office Use Only:

Please Initial and date each line:

Line Manager approved:

All Coordinators/Scheduler Advised:

Global Calendar:

Finance Admin Advised:

Copy provided to applicant:

Care Base updated:

Form filed in Personnel File: