LEAVE APPLICATION

APPLICANT DETAILS

Name	
Location	
Bus. Unit	

I apply for the period of leave detailed below:

LEAVE DETAILS

☐	**Annual Leave**		
☐	**Sick / Carer's Leave**	☐ *Certificate Attached*	☐ *Certificate Not Attached*
☐	**Long Service Leave**	☐ *Normal Pay*	
☐	**Bereavement Leave****		

Further details and / or other information

Period of Leave	**From**	**Last day at work**	**To**	**First day back at work**
	☐ **am** ☐ **pm**		☐ **am** ☐ **pm**	
Included in this period are:		**RDO's**		**Public Holidays**

TOTAL NUMBER OF WORKING DAYS ABSENT
(excluding public holidays and RDO's)

MEDICAL CERTIFICATE (Sick / Carer's Leave)

All sick leave requests adjacent to a weekend or Public Holiday, or for two or more consecutive days must have a valid Medical Certificate accompanying this leave application.

No more than 5 days Personal/Carer's leave (combined) without medical certification shall be allowed in any 12 month period.

SIGNED / APPROVED

Applicant		Date	
Manager		Date	
Director		Date	