

Last Name		First Name	
Position (HO/Registrar)		Run (at time of leave)	
Employee Number		Contact (Pager/Cell)	

Please complete **one leave form per run**, if leave is spread over two runs please fill in a separate leave form for each

Start Date (1 st Day Away)	End Date (Last Day of Leave)	Return Date (1 st Day Back)	Total Hours Requested	Specify Type of Leave Requested (eg Annual, Lieu, Bereavement, Sick)	Approved/ Declined (RDST to complete)

RMO Signature	Date
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Approved/Declined by Employer		
Relief Cover Details	Sufficient Leave Balances : Annual Lieu	
Service Sign Off (Clinical Director/Service Manager)		
Name _____	Signature _____	Date _____
RDST Sign Off		
Name _____	Signature _____	Date _____
RDST Notes/ Admin Use		