



SIR MOSES MONTEFIORE JEWISH HOME

LEAVE APPLICATION FORM

Surname: _____

Given Name: _____

Employee No: _____

Date: _____

Department: _____

Position: _____

Days Worked: _____

Shift: _____

(e.g. 6.30 am to 2.30 pm)

<u>Leave Type</u>		<u>First day of Leave</u>	<u>Last day of Leave</u>	<u>Day(s) of Leave Taken</u>
Annual Leave	<input type="checkbox"/>	____/____/____	____/____/____	_____
Allocated Day Off	<input type="checkbox"/>	____/____/____	____/____/____	_____
Paid Personal Leave	<input type="checkbox"/>	____/____/____	____/____/____	_____
Compassionate Leave	<input type="checkbox"/>	____/____/____	____/____/____	_____
Purchased Extra Leave	<input type="checkbox"/>	____/____/____	____/____/____	_____
Study Leave	<input type="checkbox"/>	____/____/____	____/____/____	_____
Long Service Leave	<input type="checkbox"/>	____/____/____	____/____/____	_____
Leave Without Pay (CEO approval required)	<input type="checkbox"/>	____/____/____	____/____/____	_____
Other (please specify)	<input type="checkbox"/>	____/____/____	____/____/____	_____

Day and date of last working day: _____

Day and date resuming: _____

Please pay in advance (minimum 2 weeks leave. Must be blocks of whole weeks only): ☐

Employee's Signature: _____

Manager's Approval: ☐ Leave has been entered into Kronos ☐ Approved ☐ Declined (Reason)

Manager's Name, Signature & Date: _____

PAY OFFICE USE: _____

Please Note:

- A medical certificate must be submitted for Paid Personal Leave in the following circumstances where the absence:
 - Is of two or more consecutive days duration;
 - Occurs after the first three single sick days in a 12 month period;
 - Occurs on a public holiday or on a day immediately before or after the public holiday, annual leave or ADO; or
 - As requested by management.
- Evidence of a requirement to take Compassionate Leave must be submitted with the application.
- At least twenty eight (28) days notice to take Annual Leave must be provided.