

## MULTI PURPOSE LEAVE REQUEST

### Part A: Employee Details

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
POSITION/TITLE \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

### Part B: Type of Leave Request (Please tick one of the following)

Date of Leave:      From \_\_\_\_\_ To \_\_\_\_\_

Annual Leave              Sick Leave              Long Service Leave

Rostered Day Off              Compassionate Leave              Others - Specify

### Part C: Reason for Leave (if relevant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part D: If sick leave is taken (if relevant)

Medical Certificate Supplied:      Yes      No

### Part E: Employee's Signature

\_\_\_\_\_  
Employee's Name              Signature              Date