

LEAVE APPLICATION

Name:		Date:	
Office:	Brisbane Melbourne Cairns		

Leave Requested	Annual	
	Personal / Carers	Medical / Doctors Certificate Attached?
	Compassionate	
	Long Service	
	Unpaid / Other	
	Community Service	

Dates of Leave

From (first working day off)		To (last working day off)	
Time:	Date:	Time:	Date:
Total number of working hours sought:		(excluding any public holidays that fall within the leave period)	

Additional Details / Information

Have you assigned your carpark to anyone? Name:

Approval Process

Step 1 – To be completed by Finance Team

Hours Available:		- Hours Claimed:		= Hours Balance:	
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Step 2 – Manager / Director Approval

Leave requests greater than 4 weeks to be approved by MD / Director

Approved Declined					
Name:		Signature:		Date:	

Administration Process

Processed by (Admin):		Signature:		Date:	
Processed by (Finance):		Signature:		Date:	