



M E R L I N

Leave Application Form

Employee's details

First name:

Surname:

Position:

Contact phone number:

Leave type

- | | |
|---|---|
| <input type="checkbox"/> Sick Day Leave | <input type="checkbox"/> Leave without Pay |
| <input type="checkbox"/> Annual Holiday Leave | <input type="checkbox"/> Approved Training Day Leave |
| <input type="checkbox"/> Long service leave | <input type="checkbox"/> Other Leave / Reasons for unavailability |

Details for leave:

Are there any documents to support this application (ie: medical certificate) ☐ Yes ☐ N/A

Period of leave or Unavailability

First Working Day Absent

		/			/				
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Last Working Day Absent

		/			/				
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Period of Leave claimed

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Work Days

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Total Days

Signature of employee:

Date: / /

Outcome of Leave Application *(to be completed by manager/supervisor)*

☐ Approved ☐ Not approved

Reason for refusal *(if applicable)*:

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Name of manager/supervisor:

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Signature of manager/supervisor:

Date: / /