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| ***Leave Application*** | REF: | FRM.HRM.006 |

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave Type (please tick)

* **Annual**
* **Long Service**
* **Personal (formerly Sick Leave), i.e. you have been unwell**
* **Carer, i.e. immediate family member is unwell**
* **Compassionate, i.e. immediate family member with serious threat to life or passed away**
* **Without Pay**
* **Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date’s for Leave Taken: From (First day off)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To (Last day off)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Number of Days:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete:** Break down of hours to be taken off each site worked and each Manager’s signature for requested time off.

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| **Site Worked** | **Hours** | | | **Job No.** | **Manager’s Signature** |
| **Weekday** | **Saturday** | **Sunday** |
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**Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_/\_\_\_/\_\_\_\_\_\_**

**Authorised by Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_\_

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| ***Comments:*** |

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| **Payroll use only** | | |
| ***Accrued Hours:*** | ***Paid Fortnight Ending:*** | ***Actioned By:*** |
| ***Paid Hours:*** | ***Date:*** | ***Signature:*** |