



PAYDOC001.004 - Leave Request Form.docx

Created By: Josh Dickenson

Last Modified By: Josh Dickenson

Approved By: Simon Daniel

CONTROLLED DOCUMENT

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## Leave request form

<b>Employee name:</b>		<b>Employee number:</b>	
<b>Department:</b>			
<b>Pay frequency:</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		

<b>Leave type requested:</b> (tick)	<input type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Other (Must be specified under Additional Details)		
<b>Leave commencing date:</b>		<b>Date of return:</b>	
<b>Number of days:</b>		<b>Medical certificate attached:</b> (Sick Leave only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Public Holidays:</b>			
<b>Additional details:</b> Specify "Other" Leave:			
<b>If requesting sick leave a medical certificate is s required and the below questions must be answered.</b>			
Have you suffered from any infectious illnesses that produced symptoms of vomiting or diarrhea?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered yes to the above question you must not enter the production or maintenance areas until 48 hours have passed since you last had symptoms.</b>			
Have you suffered from any notifiable illnesses such as Salmonella, Shigella, Enterohemorrhagic Escherichia coli, Hepatitis A or similar?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered yes to the above question you must report to your manager immediately.</b>			

<b>Employee signature:</b>		<b>Date:</b>	
<b>Manager's signature:</b>		<b>Date:</b>	

<b>Processed by:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Paid on date:</b>	