

DHS LEAVE APPLICATION

Your leave form must be sent to: ictpathways@gaprm.com.au

Please write in BLOCK letters and mark the boxes where appropriate

Amended Application: ☐ NO ☐ YES

GAPRM Contractor Details

Full Name:	Date:
Position and Area:	

Leave Details

<input type="checkbox"/> Leave Total Hours / days: ____ / ____	First day of leave:	____/____/____	No. of Hours: (if not full day)	_____
	Last day of leave:	____/____/____	No. of Hours: (if not full day)	_____

Remembering. Leave forms part of your Daily Rate, annually you get 4 weeks Leave, therefore you will not receive additional pay for time off as Leave.

<input type="checkbox"/> Sick Leave Total Hours / days: ____ / ____	First day of leave:	____/____/____	No. of Hours: (if not full day)	_____
	Last day of leave:	____/____/____	No. of Hours: (if not full day)	_____

Remembering you DO NOT get paid for Sick Leave.

Signature and Authorisation

Human Resource / Office Use Only

<input type="checkbox"/> YES, I understand this Leave Application is for GAPRM and I have discussed/confirmed all leave with my Line Manager Signature: _____ Mobile: _____ Date: _____	Medical Certificate provided: <input type="checkbox"/> No <input type="checkbox"/> Yes RTW Plan required, if YES, explain: Confirmed with Line Manager <input type="checkbox"/> Yes Date ____/____/____		LEAVE TOTALS _____ Hours/days _____ Hours/days
	Processed by: _____		
	System Entry Date: ____/____/____		
GAP Director:		Date: ____/____/____	