

AUSTRALIAN AUTOMOTIVE GROUP – LEAVE REQUEST FORM

Employee Name Danila Berlusconi

Department Human Resources

Manager's Name John Austin

Site Location: Head Office

Leave Being Requested	First Day on Leave	Last Day on Leave	First Day Back	Hours Requested
Sick <input type="checkbox"/>				
Carers <input type="checkbox"/>				
Bereavement <input type="checkbox"/>				
Annual <input checked="" type="checkbox"/>	<u>14-2-2020</u>	<u>28-2-2020</u>	<u>2-3-2020</u>	<u>83.6</u>
Long Service <input type="checkbox"/>				
Maternity or Paternity <input type="checkbox"/>				
Jury or Community Service <input type="checkbox"/>				
Time in lieu (please specify below) <input type="checkbox"/>				
Other leave (please specify below) <input type="checkbox"/>				
Leave Without Pay <input type="checkbox"/>				

TOTAL HOURS LESS 83.6 PUBLIC HOLIDAY HOURS = —
(11 days)

Reasons for time in lieu or other types of leave:

Employee Declaration:

I understand the information I am submitting on this form is a true record of my absence (or intended absence) and that any misrepresentations misleading statements may lead to disciplinary action including summary dismissal. I also understand my leave will not be formally approved until my manager notifies me.



Employee Sign



Manager Sign

15/12/18

Today's Date

For manager use only

- Has a medical certificate or statutory declaration been attached? (if applicable)
- Has the departments notification requirements been met?
- Does the manager approve the leave based on the operational requirements?
- Does the manager object to this leave being approved (if yes, contact HR)
- Has the manager told the employee their leave request is not approved until notified

Please tick

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |