

LEAVE REQUEST

This form must be completed and submitted within 4 weeks of the expected leave date. Your request will be maintained and stored in your personal files.

Date of Application: _____ Applicant Name: _____

Applicant Position: _____

Type of Leave: _____ Comments: _____

Annual Leave* ☐ _____

Leave Without Pay ☐ _____

Study Leave ☐ _____

Long Service Leave ☐ _____

Maternity/paternity Leave ☐ _____

Compassionate Leave ☐ _____

Other (specify) ☐ _____

A total of Four week notice for the taking of annual leave is mandatory. In the circumstances urgent annual leave is needed to be taken, please state reason, in detail as to why the taking of this leave is necessary and attach any supporting documentation.

Last Expected Date of Work: _____ Date Of First Returned Shift After
Leave: _____

Total Number of Absent Days or Weeks: _____ (Circle) Weeks
Days

Do You Require Pre-Payment when taking your Leave? YES NO *(A Minimum Of 4 Weeks Notice
Is Required For Pre-Payment)*

Date: _____ Employee Signature: _____

Date: _____ Authorised Personnel Signature: _____

Date of Application Received : _____

List the Dates in The Requested Leave Period That Are Public Holidays (if applicable)

Your Application To Request Leave From _____ To _____ Has Been

☐ Approved ☐ Not Approved

Reasoning For Not Being Approved

Date: _____ Manager Signature: _____

Role/ Position: _____