



# LEAVE REQUEST FORM

## Staff Member Details

Last Name		Are you <input type="checkbox"/> Full Time
Given Name (s)		<input type="checkbox"/> Part Time
Work Area		<input type="checkbox"/> Casual
Staff Member's Signature		Date:

Type of Leave	First Date	Last Date (Insert same date if only 1 day)	Total Absence	
<input type="checkbox"/> Recreation			Days	Hours
<input type="checkbox"/> Recreation			Days	Hours
<input type="checkbox"/> Sick			Days	Hours
<input type="checkbox"/> Sick			Days	Hours
<input type="checkbox"/> Other Leave _____			Days	Hours
<input type="checkbox"/> Long Service			Days	Hours

If insufficient sickness entitlement, please deduct from available recreation leave ☐ and/or sick leave nil pay ☐.  
In absence of notification, recreation leave will automatically be deducted followed by sick leave nil pay where applicable. A medical certificate is required for leave of three (3) days or more and must be attached to this form.

## Amendment to Previous Leave Form

<input type="checkbox"/> This form cancels leave requested from _____ to _____	Type of leave	
<input type="checkbox"/> This form extends leave requested from _____ to _____	Type of leave	

## Payment in Advance (Available for recreation leave only. Minimum pay in advance is five (5) days.)

Do you require payment in advance for Annual Leave? ☐ Yes ☐ No  
Please note: If the claim in advance overlaps financial year, please submit two (2) claims (one for leave commencement date up to 30 June and one for leave commencing 1 July to end of leave) to prevent a shortfall in tax deductions.

## Supervisor and Manager Authorisation

Supervisor Name		Signature	Date:
Manager's Name		Signature	Date:

**Information Privacy Notice** – E Banc Trade Australia Pty Ltd is collecting the information on this form to carry out its payroll functions. E Banc Trade may disclose some, or all of this information, to appropriate agencies if required including the Australian Taxation Office, etc.

## Payroll Office Processing

p/e _____	Hours _____	
p/e _____	Hours _____	
p/e _____	Hours _____	
p/e _____	Hours _____	
Processed by _____ Date _____		
Checked by _____		