



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

Information Privacy Notice – Empire Trade USA is collecting the information on this form to carry out its payroll functions. Empire Trade may disclose some, or all of this information, to appropriate agencies if required including the IRS.

Payroll Office Processing	
Processed by _____	Date _____
Checked by _____	