

LEAVE FORM

Employee name:
Position:
Department:
Date:

Type of leave

Please complete the following box indicating the start and finish dates and time for your leave request and the number of days of each type of leave.

From time		From date		(First day of absence)				
To time		To date		(Last day of absence)				
Number of hours/days of each type of leave	Annual		Carer's		Personal (Sick)		Compassionate	
	Community service (is it jury duty?)	Y / N	Long service		Leave without pay		Other (please specify)	

Note:

For Parental Leave applications, please use Request for Parental Leave Form.

Do not use this form for Workers Compensation absences.

Attached documentation

Leave type	Documentation attached	
Personal (sick) leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Carer's leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compassionate leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community service leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature		
Employee	Date:	

OFFICE USE ONLY		
Is employee eligible for leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave is paid or unpaid? (if a proportion of each, please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is leave approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has employee provided all necessary documents? (eg medical certificates for personal (sick) leave, evidence of jury service, university exams, request from defence service or emergency service organisation, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manager's signature		
Date		

**** Please forward this form and supporting documents to the Pay Office ****