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|  **Leave Application Form** |  |
| Please refer to the HR Manual for guidelines on leave entitlements and application requirements. |
| **Name:** |  |
| Leave Details |
| Type of Leave | ✓ | First Date of Leave | Last Date of Leave |
| Annual Leave |  |  |  |
| Personal Leave |  |  |  |
| - Sick Leave |  |  |  |
| - Carer's Leave |  |  |  |
| Compassionate Leave |  |  |  |
| Community service leave including jury service leave |  |  |  |
| Long Service Leave |  |  |  |
| Leave Without Pay |  |  |  |
| Other, please specify |  |  |  |
| Please note applications for Parental Leave should be made using the Parental Leave Application form. |
| If this leave is approved, I will resume work on: |  |
| Date of Application: | Employee’s Signature: |
| This form must be authorised by the applicant’s Supervisor and given to Payroll at least three weeks before the start of leave. AUTHORISED BY: |
| Name: | Signature: | Date: |
| Office use only: |
| Number of hours debited against employee entitlement: | Date: |
| Supervisor notificationTo:<Manager>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approval for \_\_\_\_\_\_\_\_\_\_\_ Leave type has been granted to Mr/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For the period / / to / / Employee NotificationTo: <Employee>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regarding your request for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave for the period / / to / / ❑ Your application has been approved❑ Your application has been denied; please refer any queries to your Supervisor |