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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 notification  To:<Manager>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval for \_\_\_\_\_\_\_\_\_\_\_ Leave type has been granted to Mr/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For the period / / to / /  Employee Notification  To: <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 | | | | | | | |