Leave application

| Employee name: |  |
| --- | --- |
| Position: |  |
| Business Unit |  |
| Date: |  |

**Type of leave**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Enter no. of hours.** | **From: Time**  (eg.12.00pm) | **To: Time** | **From: enter date** | **To: enter date** | **Leave** |
|  |  |  |  |  | **Annual Leave** |
|  |  |  |  |  | **Sick Leave** |
|  |  |  |  |  | **Time off in lieu** |
|  |  |  |  |  | **Compassionate Leave** |
|  |  |  |  |  | **Carers Leave** |
|  |  |  |  |  | **Leave without pay** |
|  |  |  |  |  | **Community Leave (eg Jury Duty)** |
|  |  |  |  |  | **Long Service Leave** |
|  |  |  |  |  | **Other** |

Note:

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

Do not use this form for Workers Compensation absences, Refer to Payroll.

## Attached documentation

|  |  |  |
| --- | --- | --- |
| Leave type | Documentation attached | |
| Sick leave | * Yes | * No |
| Carer’s leave | * Yes | * No |
| Compassionate leave | * Yes | * No |
| Community service leave | * Yes | * No |
| Other | * Yes | * No |
| Comment | | |
| Signature: | | |
| **Employee:** | Date: | |

|  |  |  |
| --- | --- | --- |
| OFFICE USE ONLY | | |
| Is employee eligible for leave? | * Yes | * No |
| Leave is paid or unpaid. (if a proportion of each, please specify) | * Yes | * No |
| Is leave approved? | * Yes | * No |
| Has employee provided all necessary documents? (eg medical certificates for sick leave, evidence of jury service, university exams, request from defence service or emergency service organisation, etc) | * Yes | * No |
| Manager’s signature |  | |
| Date |  | |

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