



Online Version  Offline Version

# LEAVE APPLICATION FORM

## 1. EMPLOYEE DETAILS

Name  Employee No  Company

Role  Department  State  Phone

## 2. Leave Details

Add New Line		Start Date	End Date	Leave Type	Reason / Comments	With pay	No. Public Holidays if included	No. RDO If Included	No. Of working Days	
						Yes NO			Days	Hours
X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> NO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you wish to be paid in advance?  Yes  No

## Submission Process

### SICK LEAVE:

- Phone Team Leader/Manager at least one hour before start time & advise that sick leave is required & when you hope to return to work. Your manager is then responsible to advise reception & other staff that need to know about your absence.
- On return, obtain Leave Application Form from your Team Leader/Manager or the intranet, complete online or print and complete manually, attach Doctor's Certificate (if applicable) & forward directly to Payroll. Your Manager must sign off first.

### ANNUAL LEAVE:

- Confirm leave liability with your last pay slip.
- Obtain Leave Application Form from your Team Leader/Manager or the intranet, complete online or print and complete manually & forward directly to Payroll. Your Manager must sign off first.

## 3. Approval

Employee Name:

Signature:

Date:

Manager Name:

Date:

## Payroll (payroll use only)

Is leave Accrued?  Yes  No

Form completed & details entered into payroll system?  Yes  No

Certificates filed in employee's folder?  Yes  No  NA

Authorisation Name

Signature

Date