

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	
<input type="checkbox"/>	X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
										Total	<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