



# LEAVE APPLICATION FORM

## 1. EMPLOYEE DETAILS

Name  Employee No  Company

Role  Department  State  Phone

## 2. Leave Details

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="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"/>