

LEAVE APPLICATION FORM

1. EMPLOYEE DETAILS

Name Employee No. Company

Role Department State Phone

LEAVE TYPES/CONDITIONS

• **Annual Leave** - less than 5 days leave submit at least 1 week prior to commencement date, 5 days leave submit at least 2 weeks prior to commencement date, over 2 weeks leave submit 4 weeks prior to commencement date

• **Sick Leave** - doctors certificate required if away for more than 1 day
 • **Maternity Leave** - doctors certificate required
 • **Carer's Leave** - doctors certificate required

• **Bereavement Leave** - immediate family only
 • **Long Service Leave**
 • **Other** - details required

2. LEAVE DETAILS

| Start Date | End Date | Leave Type | Reason/Comments | With Pay | No. Public Holidays <i>if included</i> | No. RDO <i>if included</i> | No. Working Days | |
|---|----------------------|----------------------|----------------------|--|---|-------------------------------|-------------------------------|----------------------|
| | | | | | | | Days | Hours |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do you wish to be paid in advance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | TOTAL WORKING DAYS OFF | |

SUBMISSION PROCESS

SICK LEAVE:

- Phone Team Leader/Manager at least one hour before start time (or preferably the night before) & 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 payslip.
- 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

Signature

Date

PAYROLL (PAYROLL USE ONLY)

Is annual leave available? Yes No

Comments

Form completed & details entered into payroll system? Yes No

Certificate attached & filed? Yes No N/A

Processed by

Signature Date