



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"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL WORKING DAYS OFF

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