

# 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 style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 180px; height: 30px;" type="text"/>	<input style="width: 180px; height: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" 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