APPLICATION FOR LEAVE

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| --- | --- | --- | --- |
| **Employee Name:** |  |  |  |
| **TYPE OF LEAVE REQUESTED** ( Tick Box) | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual** |  | **Educational** | | | | |  | **Study** | | | |  | **Leave without Pay** | | | |  | | | **Long Service Leave** | | | |  |
|  | | | | | | | |  | | | |  |  | | | |  |  | | | | | |  |
| **Other**-(Reason for Other) | | | |  | | | | | | | | | | | |  | | | | | | | |  |
|  | |  |  | | | | | | |  |  | |  | | | |  |  | | | | | |  |
| **Personal Leave:** | | | **Sick** | |  | **Unpaid Sick** | | | |  |  | | **Carer’s** |  |  | | | | **Bereavement** | | |  |
|  | |  |  | | | | | | |  |  | |  | | | |  |  | | | | | |  |
| **Doctors Certificate or Stat Dec Attached** | | | | | | | |  |  | | **Reason** | |  | | | | **Reason** | | | |  | | | |
| (Compulsory for sick , unpaid sick, or carers leave of more than 2 consecutive working days) | | | | | | | | | | | |  |  | | | | | | | | | | |  |

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| --- | --- | --- | --- |
| **First Work Date Out of Office:** |  |  |  |
|  |  |  |  |
| **Last Work Date Out of Office:** |  | **Total No. of Leave Days** | **(Hours: )** |

**PAYMENT OPTIONS:** *Please consider carefully then tick appropriate box.*

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| --- | --- | --- |
| * ***Pay in advance required*** – Paid to end of leave, i.e., including **ALL** the normal days in the next month between 1st of the month   and the start of leave as well as leave days plus leave loading. | A |  |
| * ***Pay in advance not required*** – Paid leave loading in full in the month before leave commences. | B |  |
| * ***Pay in advance not required*** – Paid leave loading in full in the month leave commences. | C |  |
| * ***Part pay in advance***  – (applicable if last day of leave is more than 2 months ahead). Paid in complete months, but only to the end of the pay month before the last day of the leave, plus all leave loading. | D |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Employee’s Signature** |  | **Date** |
| **AUTHORISATION:** I approve this leave as it complies with relevant company policy and is within the employee’s entitlement level. | | | |
|  | **Manager’s Name** |  | **Date** |
|  |  |  | |
|  | **Manager’s Signature** |  | |