

LEAVE APPLICATION FORM

EMPLOYEE NAME: _____

LEAVE TYPE:

Annual Sick/Personal *
See note below re: certificates Leave Without Pay Other: _____
(Please specify)

NUMBER OF DAYS: _____ **or** NUMBER OF HOURS _____

FIRST DAY OF LEAVE: _____ FIRST DAY BACK: _____

EMPLOYEE SIGNATURE _____ DATE _____

MANAGER SIGNATURE _____ DATE _____

The giving of notice does not automatically mean that the leave will be granted and will be subject to business demands.

Sick Leave: All Sick Leave requests adjacent to a weekend or Public Holiday, or for two days or more must have a valid Medical Certificate accompanying this leave application

Annual Leave: Requests for more than three days annual leave must be made to employer at least one month prior.

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