Application For Leave:

Employee Name		Date of Request	
Position		Number of Hours:	
From (Date):		To (Date):	

Type of Leave:

Annual Leave	Sick Leave*	Other Leave* - specify
Bereavement Leave*	Carer's Leave*	

*Certificate Attached?	Yes	No

For Support Workers:

	Supported Persons:	Day:	Date:	Public Holiday?		S/O or AON?	
1				Yes	No	Yes	No
2				Yes	No	Yes	No
3				Yes	No	Yes	No
4				Yes	No	Yes	No
5				Yes	No	Yes	No
6				Yes	No	Yes	No
7				Yes	No	Yes	No

If you need to document more shifts, please complete another Leave Request Form.

Employee Name:	
Employee Signature/Digital Signature:	
Date:	

Authorisation *(Office Use Only)*

Leave Approved	Yes	No	
Reason:			

Approved By Manager:

Manager Name	
Manager Signature	
Date	

Version: 4
Date : Sep 2018

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