



Name: _____ Pay Number: _____

Department: _____ Position: _____

Leave Applied for: _____ Working days from: _____ *(first date)* to: _____ *(last date)*

Nature of Leave: Annual Sick Extra Long Service Without Pay Other

If other, please specify: _____

Reason for leave: _____

I require my Annual Leave/Long Service Leave paid: in Advance Fortnightly as Normal

Last Working Day: _____
(prior to beginning of leave)

First Working Day: _____
(after completion of leave)

_____ <i>Signature of Applicant</i>	_____ <i>Date</i>
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For Office Use Only

Recommended (Supervisor): _____

Approved (CEO/Delegate): _____ (/ /)

Noted on Leave Record: _____ (/ /)

Notations, Remarks, Etc. _____

- N.B.** - In applications for Sick Leave an indication should be given if absence is due to injury arising out of employment (including travel to or from work).
- Applications for sick Leave may have to be accompanied by a medical certificate.
 - Please complete rostered shifts during annual leave overleaf.

Medical Certificate: Yes No
(In the case of sick leave)



Please fill in the table below with your usual rostered shifts that will need to be covered throughout the duration of your annual leave. Please show "AM and "PM where required and to indicate your days off, simply write "off"

Day	<i>1st Week</i>	<i>2nd Week</i>	<i>3rd Week</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	<i>4th Week</i>	<i>5th Week</i>	<i>6th Week</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			