



## Leave Application

**Name:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Dates required:** \_\_\_\_\_ **to** \_\_\_\_\_ **No of days** \_\_\_\_\_ **OR**  
 (First day of leave) (Last day of leave)

**If leave is not required for full day:** **Leave Start:** \_\_\_\_\_ **Finish Time:** \_\_\_\_\_

Date of return to work: \_\_\_\_\_ Contact phone (optional): \_\_\_\_\_

**Type of Leave:** Please tick leave type required and attach relevant documentation.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Annual Leave</b>   | <input type="checkbox"/> <b>Personal/Sick/Carers Leave</b><br><input type="checkbox"/> Medical Certificate (3 or more days) | <input type="checkbox"/> <b>Compassionate Leave</b><br><input type="checkbox"/> Death Notice<br><input type="checkbox"/> Written Application |
| <input type="checkbox"/> <b>Long Service Leave</b><br><input type="checkbox"/> Written Application | <input type="checkbox"/> <b>Other</b><br><input type="checkbox"/> Written Application                                       | <input type="checkbox"/> <b>ERL</b>  |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Leave Approved / Not Approved

**Field Service Management / Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Direct Care) (Day Worker)

### Office Use Only:

Applicant Notified: Date \_\_\_\_\_ By \_\_\_\_\_

Leave added to files: Date \_\_\_\_\_ By \_\_\_\_\_

Amount of accrued leave (if applicable): \_\_\_\_\_ as at \_\_\_\_\_ (date)

Payment required in advance:  
 Required date \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_ Initial \_\_\_\_\_

**OR**  
 Payment as per pay period PPE date/s - \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_ Initial \_\_\_\_\_

PPE date/s - \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_ Initial \_\_\_\_\_

PPE date/s - \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_ Initial \_\_\_\_\_

Received by / Date Stamp \_\_\_\_\_