



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

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 _____