

LEAVE APPLICATION FORM



Employee Name:	Date:
Host Name:	

LEAVE REQUESTED:	
Annual Leave <input type="checkbox"/>	PAY WEEKLY <input type="checkbox"/> PAY IN ADVANCE – ONLY WHEN LEAVE IS GREATER THAN 1 WEEK <input type="checkbox"/>
Sick/Carers Leave <input type="checkbox"/>	DOCTORS CERTIFICATE ATTACHED <input type="checkbox"/> OTHER SUPPORT DOCUMENTATION ATTACHED <input type="checkbox"/>
Other Leave <input type="checkbox"/>	Jury Duty <input type="checkbox"/> Bereavement Leave <input type="checkbox"/> Study Leave <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
Unpaid Leave <input type="checkbox"/>	REASON:

First Day of Leave (insert date): _____ Total Number of Days Off: _____
 Last Day of Leave (insert date): _____ Less Public Holidays: _____
 Total Days Leave Required: _____

I declare this to be a true and accurate record of my absence.	
Employee Signature:	Date:

Supervisors Signature:	Date:
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