



LEAVE FORM

Employee Details

Name:

Position:

Contact Number:

Reason for Leave (please select):

- Annual Leave
- Sick Leave – with certificate
- Sick Leave – without certificate: 1 day only
(Please Note: Regular single days off may require a medical certificate)
- Cultural Leave (including Bereavement Leave) – used for funerals/cultural leave (10 days per year)
- Work Cover/Other – Please provide details:
.....
- Unpaid Leave – (Leave without pay) please provide details:
.....

Days requested

Date from: Date to:

Number of days:

Hours: From: To:

Hours if less than a full day:

Employee's Signature: **Date:**

Manager must approve and sign for leave to be granted

Leave request Approved? **Yes** **No** | **Paid** OR **Unpaid**

Manager's Name: Signature:

Date:

To be completed by Payroll Staff only: Leave paid: Type:

- Yes
- No - Reason
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