

EMPLOYEE DETAILS

Name of Employee:	Employee ID:
Location(s):	State:

First day of Leave	Day:	Date:	Total work day leave:
Last day of Leave	Day:	Date:	

TYPE OF LEAVE	DAYS	HOURS
Annual Leave		
Leave Without Pay		
Public Holidays		
Long Service		
RDO		
Parental Leave (Maternity / Paternity / Adoption)		
Jury Service		
Other (describe):		
Sick Leave		
Personal Carer's Leave Relationship:		
Compassionate Leave Relationship:		
Medical Certificate Attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employee's Signature:	Date:	

AUTHORISATION

MANAGER'S APPROVAL SIGNATURE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
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PAY OFFICE USE

Date Received by the Pay Office:	Date Processed:	Initials:
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1. APPLICATIONS MUST BE LODGED WITH STATE/REGIONAL OFFICE 14 DAYS BEFORE DATE OF LEAVE.
2. LEAVE IS NOT APPROVED UNTIL EMPLOYEE IS ADVISED BY MANAGEMENT.
3. FOR SICK LEAVE, COMPLETE FORM ON RETURN AND ATTACH ORIGINAL MEDICAL CERTIFICATE.