



Application for Leave

PERSONAL DETAILS			
Surname:		Other Names:	
Host Employer:			
Please note: To ensure application is approved and wages processed, this form plus relevant timesheets for the leave period must be submitted to the immediate supervisor/field officer 14 days prior to the commencement of leave.			
LEAVE DETAILS		PERIOD OF LEAVE	
Leave Start Date	Leave End Date	Days	
TYPE OF LEAVE REQUESTED			
<input type="checkbox"/> Annual	<input type="checkbox"/> Sick- Medical Certificate Attached Yes/No		
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Family – Adoption, Parental and maternity		
<input type="checkbox"/> Unpaid Leave			
<input type="checkbox"/> Other (Jury Service)			
Please tick <input type="checkbox"/> Application <input type="checkbox"/> Cancellation <input type="checkbox"/> Amendment ___/___/___ Date of original application			
Applicants Signature	Date	Request Pay in Advance	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Host Employer Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No - reason		
Signature	Name/Position	Date	
Field Officer Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No - reason		
Signature	Name	Date	
Payroll Officer			
Current Leave Balance	Total Leave Requested	Proposed New Leave Balance	
Period covering	W/E	Public Holidays	Total days
Leave details entered by:			

Notification of Approval	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No - reason