

## Leave Form

Employee name:

Position:

Department:

Date:

### Type of leave

Please complete the following box indicating the start and finish dates and time for your leave request and the number of days of each type of leave.

<b>From time</b>		<b>From date</b>		<b>(First day of absence)</b>	
<b>To time</b>		<b>To date</b>		<b>(Last day of absence)</b>	
<b>Number of hours/days of each type of leave</b>	Annual		Carer's	Personal (Sick)	Compassionate
	Community service  (is it jury duty?)	Y / N	Long service	Leave without pay	Other (please specify)

### Note:

For Parental Leave applications, please use Request for Parental Leave Form.

Do not use this form for Workers Compensation absences.

### Attached documentation

<b>Leave type</b>	<b>Documentation attached</b>	
Personal (sick) leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carer's leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Compassionate leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community service leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Signature</b>		
Employee	Date:	

<b>OFFICE USE ONLY</b>		
Is employee eligible for leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave is paid or unpaid? (if a proportion of each, please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is leave approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has employee provided all necessary documents? (eg medical certificates for personal (sick) leave, evidence of jury service, university exams, request from defence service or emergency service organisation, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manager's signature		
Date		

**\*\* Please forward this form and supporting documents to the Pay Office \*\***