

**APPLICATION FOR LEAVE**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Application Leave From: \_\_\_\_\_ To: \_\_\_\_\_ (inclusive)

Proposed date for return to work: \_\_\_\_\_

**SECTION 1**

Type of Leave Required	No. of Days/Hours
Annual Leave	
Long Service Leave	
Leave Without Pay	
Sick Leave	
Leave in Advance	
Other (Please specify)	

**For payment of two or more consecutive sick days, a Medical Certificate is required. Please attach. In most other cases a doctor's certificate will be required for the payment of sick leave. Please check with your Manager or Human Resources for details.**

**SECTION 2 (Tick One)**

- Please continue transfer of my salary/wages in the normal manner during my absence.
- Please arrange for any salary/wages due for payment during my absence to be made available prior to my departure.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorised

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Balance checked by: \_\_\_\_\_

Date: \_\_\_\_\_

- Sufficient Leave
- Insufficient Leave

Processed in payroll by: \_\_\_\_\_

Date: \_\_\_\_\_

If sufficient leave available forward to  
Department Executive for approval of:

1. Leave in advance
2. Amendment to number of days