



LEAVE APPLICATION FORM

Section A – Applicant Information

Employee Name: _____ Position: _____

Contact Number while on leave: _____

Section B – Leave Details

Type of Leave: (Please tick the appropriate box)

Annual Leave Personal (Sick & Carers Leave) Long Service Leave Leave Without Pay

Other Leave (Please specify): _____

Period of Leave:

First day of leave: (DD/MM/YY) ____/____/____ Last day of leave: (DD/MM/YY) ____/____/____

First day back at work: (DD/MM/YY) ____/____/____

Total number of working days off: _____ working day(s) / _____ Hour(s)

Current Leave Balance: _____ working day(s) / _____ Hour(s)

Medical Certificate attached

Note: Medical Certificate(s) required for sick leave of TWO or MORE consecutive days.

Section C – Employee Declaration

I acknowledge that leave applied will be treated as leave without pay if the entitled annual/personal leave is insufficient to cover it.

I acknowledge that sick leave applied will be treated as leave without pay if doctor’s certificate/supporting documents is required and not submitted to payroll officer.

Signature of Employee: _____ Date: ____/____/____

Section D – Approval of Leave

Name of Authorising Officer: _____

Signature of Authorising Officer: _____ Date: ____/____/____

Section E – Payroll USE ONLY

Process Date: ____/____/____