



OTHER LEAVE APPLICATION

Leave dates may be altered by management to suit operational requirements.
Leave application must be submitted 1 month prior to commencement of intended leave.
Management Team must submit leave application three months prior to commencement of intended leave.

NAME: COMMENCEMENT DATE:

POSITION: IMMEDIATE MANAGER:

LEAVE TYPE

ANNUAL LEAVE LONG SERVICE LEAVE DUTY/BUSINESS TRAVEL

MATERNITY LEAVE COMPASSIONATE LEAVE LEAVE WITHOUT PAY

OTHER (SPECIFY) _____

PLEASE ENTER DATES

LAST DAY OF WORK (CLOSE OF BUSINESS) START OF LEAVE FINISH LEAVE RESUME WORK
____/____/____ ____/____/____ ____/____/____ ____/____/____

DURATION OF LEAVE: (Days)

APPLICANT'S SIGNATURE

IMMEDIATE MANAGER'S SIGNATURE

COMMENTS: _____

FOR HR DEPARTMENT USE ONLY			
APPROVED / DECLINED (SELECT ONE)			
TOTAL LEAVE ACCRUALS AS AT DATE:	_____	WEEKS:	_____
		DAYS:	_____
_____		_____	
HR MANAGER'S SIGNATURE		DATE	