Not Approved

Approved

Signature

Date

Evidence sighted and attached

a

**(e.g. Medical certificate, statutory declaration, funeral notice, etc.)**

a

**Office use only:**

a

Date

Employee signature

I, the employee, agree that the above information is true and correct.

a

Total number of paid leave days off

Current leave balance

Return to work date

Date of last day of leave

Dates of any public holidays during this period

Date of first day of leave

Compassionate Leave

Long Service Leave

Unpaid Parental Leave

Other Leave – please specify

Unpaid Leave

Personal Carers Leave

Personal Sick Leave

Annual Leave

Leave Applied for: (Please tick the appropriate box)

a

Casual

Rostered days and hours

Part Time

Rostered days and hours

Full Time

Rostered days and hours

Employee Name

Employee Number

Leave Request Form

\dsa

Today’s date

Please return this form to your supervisor once completed.

a

**Company Name**

a