

# Leave Request Form

Company Name

Please return this form to your supervisor once completed.

Today's date

Employee Name	Employee Number
Full Time	Rostered days and hours
Part Time	Rostered days and hours
Casual	Rostered days and hours

Leave Applied for: (Please tick the appropriate box)

Annual Leave	Compassionate Leave
Personal Sick Leave	Long Service Leave
Personal Carers Leave	Unpaid Parental Leave
Unpaid Leave	Other Leave – please specify

Date of first day of leave	Date of last day of leave
Dates of any public holidays during this period	Return to work date
Total number of paid leave days off	Current leave balance

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

Date	Employee signature	
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**Office use only:**

Evidence sighted and attached

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

Approved	<input type="checkbox"/>	Signature	
Not Approved	<input type="checkbox"/>	Date	