

LEAVE REQUEST FORM

SURNAME:

FIRST NAME:

I wish to apply for: (CIRCLE) **SICK** / **ANNUAL** / **UNPAID LEAVE**

- Note: All leave must be applied for, prior to taking leave.

_____ DAY/S (PAID: /UNPAID:) or _____ HOURS (START TIME: _____ RETURN TIME: _____)

FIRST DATE OF LEAVE:

LAST DATE OF LEAVE:

REASON:

DR's CERTIFICATE ATTACHED: **YES / NO**

COMPLETE FOR ANNUAL LEAVE ONLY: (CIRCLE ONE) (If you have any questions, please contact the pay office).

1. HOLIDAY PAY REQUIRED PRIOR TO TAKING ANNUAL LEAVE,

OR

2. CONTINUE PAY AS PER USUAL

SIGNED: _____ DATED: _____

Manager

LEAVE APPROVED: WITH PAY / WITHOUT PAY

SIGNED: _____ DATED: _____ NOTES: _____

LEAVE APPROVED

LEAVE DECLINED

REASON FOR DECLINE

SIGNED: _____

DATE / /