

LEAVE APPLICATION FORM



HUMAN RESOURCES

EMPLOYEE NAME	
DATE SUBMITTED	
EMPLOYEE SIGNATURE	

TYPE OF LEAVE	<input type="checkbox"/> PLEASE CHECK BOX
ANNUAL LEAVE	<input type="checkbox"/>
SICK LEAVE – personal illness or injury	<input type="checkbox"/>
CARERS LEAVE – Care required for immediate family member due to illness or injury (<i>deduction from sick leave</i>)	<input type="checkbox"/>
COMPASSIONATE LEAVE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

FIRST DATE OF ABSENCE	LAST DATE OF ABSENCE	PUBLIC HOLIDAYS FALLING WITHIN THIS PERIOD	TOTAL DAYS ABSENT

COMMENTS/REASON FOR LEAVE

AUTHORISATION

MANAGER	
SIGNATURE	
DATE	