



Application for Leave

Employee Information:

Family Name _____ Given Names _____

Client _____

Leave Details

Leave Type	Date From (Inclusive)	Date To (Inclusive)	No. of working days

Annual Leave (A), Sick Leave (S), Leave Without Salary (LWOS), Sick Leave Without Salary (SLWOS)
Rostered Day Off (RDO), Flexi Time (FT)**If the period of leave includes any Rostered Days Off or Flexi Days, please
Indicate those times in the table as well****Additional Information**Have you included a medical certificate or statutory declaration with
your application for sick leave? Yes No If the leave is the result of a work related injury or illness then please ensure you complete
the appropriate Work Cover forms.How would you like to be paid - Weekly or Lump Sum? **Weekly** *(If applicable)***Lump Sum** **Signature of Employee**

I understand that the approval of leave is subject to the confirmation of entitlement.

Signature of Employee_____
Date**Office Use Only**

Processed by:

Date:

Pay Period: