

Approved Form must be given to Payroll 4 WEEKS BEFORE leave commences.

Please complete the below information

Employee Name: _____

Work Site: _____

Manager: _____

Type of Absence Requested:

- | | |
|---|---|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Personal Leave (Sick & Carer's Leave) |
| <input type="checkbox"/> Parental Leave | <input type="checkbox"/> Leave without pay <input type="checkbox"/> Compassionate Leave |

Dates of Absence:

First day of Leave: _____ First day of Return: _____

Total Days of Leave: _____

Reason for leave: _____

(Please only indicate rostered workdays do not include RnR)

Date: _____

Employee Signature: _____

Once forms have been approved, the employee will be informed.

PLEASE NOTE: Approval must be given before leave is taken.

Approval

Below to be filled out by Manager

Do we have adequate resources to cover this role for the leave period? ☐ Yes / ☐ No

Will this leave impact on the business? ☐ Yes / ☐ No

Comments: _____

Manager Signature: _____ Date: _____

Senior Management Signature: _____ Date: _____