

# LEAVE APPLICATION

F-020

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① Please complete Application for Leave using Block Letters. All sections marked with \* are mandatory fields. Application for Leave must be authorised by Coordinator. A Doctor's Certificate is required for more than 1 day, or for days either side of public holidays.

## Employee Details \*

Employee Name \*  
\_\_\_\_\_  
Crew \*  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Site  
\_\_\_\_\_

## Leave Details \*

First Working Date of Leave \*  
\_\_\_\_\_  
Last Working Date of Leave \*  
\_\_\_\_\_  
Total Number of Leave Days  
\_\_\_\_\_  
Dates of Absence \*  
Mon Tues Wed Thurs Fri Sat Sun  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Leave Type \* (Tick Applicable)

Annual Leave  Leave Without Pay   
Sick Leave  Long Service Leave   
Other  → Give Details  
\_\_\_\_\_

## Comments

\_\_\_\_\_  
\_\_\_\_\_

	Print Name	Signature	Date
Employee	_____	_____	_____
Supervisor	_____	_____	_____

**APPROVING OFFICER** \_\_\_\_\_

Approved  → CREW REPLACEMENT \_\_\_\_\_

Unapproved  → SPECIFY REASON/S \_\_\_\_\_

## \*\* Office Use Only \*\*

**Confirmation of Leave Accruals**

Leave Hours Accrued as at \_\_\_\_\_

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_ Total \_\_\_\_\_

Entered By \_\_\_\_\_ Signature \_\_\_\_\_