

Leave application form



Surname _____ Department _____

Christian names _____ Section _____

Employee number _____ Port _____

Leave applied for

Type	Hours	Date leave starts	Time from	Date leave ends	Time to
AL Annual leave					
PH Public holiday credits					
CP Compassionate leave					
ML Maternity leave					
SL Sick leave					
LS Long service leave					
20 Leave without pay					
HO Other _____ (specify)					

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Total time taken
Medical certificate attached

Signature _____ Date

Approved Yes No Authorising signature _____

Remarks _____

Staff Records use only

Leave Record noted Initial _____ Date _____ Pay Period Ending _____