

Application for Leave

PLEASE PRINT CLEARLY

Employee Name:		Client Name:	
Shift Covered By:		Area Supervisor Name:	

Date of First Day Off	Date of Last Day Off	Date Returning to Duty	Total Days Off	Total Shift Hours Off

Category applying for: (put 'X' in box)

Payments to be: (put 'X' in box)

<input type="checkbox"/>	Annual Leave
<input type="checkbox"/>	Alternate Lieu Leave
<input type="checkbox"/>	Unpaid Leave
<input type="checkbox"/>	Sick Leave (paid in days only)

<input type="checkbox"/>	Made in advance of leave
<input type="checkbox"/>	Normal pay period

Note: unless payment in advance is ticked, payment for leave will be made within the normal pay period

<input type="checkbox"/>	Tick this box if you do not have sufficient sick leave and would you like to use your annual leave
<input type="checkbox"/>	Bereavement Leave (paid in days only) - Relationship to deceased:

Where Annual Leave is accrued this year and to be paid in advance of entitlement I agree that any over payment for this leave can be deducted from my final pay should my employment terminate.

Signed by Caregiver:		Date:	
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IMPORTANT NOTE: Where an application for leave is declined, please remind caregivers that unauthorised absence from work during the whole or part of the period so decline may result in disciplinary action up to and including dismissal.

Date leave request received by supervisor:	
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<input type="checkbox"/>	Phone
<input type="checkbox"/>	Email
<input type="checkbox"/>	Fax
<input type="checkbox"/>	Text
<input type="checkbox"/>	In person
<input type="checkbox"/>	In writing
<input type="checkbox"/>	Other

The above application for leave has been:

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Declined

Caregiver advised?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Signed by Area Supervisor:		Date:	
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Office Use Only
