



Leave Application Form

DATE: / /

Enter below the date or dates that you were absent. Please specify which type of leave. If it is Sick leave state if a medical certificate is attached.

	Sick Leave Date			Hours	Medical Certificate Yes/No	OFFICE USE ONLY
	Day	Month	Year			
Wed			20			
Thu			20			
Fri			20			
Mon			20			
Tue			20			
Wed			20			
Thu			20			
Fri			20			
Mon			20			
Tue			20			
Office Use	Total					

Enter below the start date and finish dates of the leave you are seeking approval.

Annual Leave application

1 st Date			Last Date			Total Hours	Type of Leave
Day	Month	Year	Day	Month	Year		

Are any of the dates included for this period Public Holidays	
NO	If Yes , How many ----->

Office use only	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Manager's Signature _____ Date: _____	

Please note: Failure to produce a duly filled and authorised leave form prior to noon of the Payroll Period End (Tuesday) the sick leave or annual leave will be paid in the following pay period.