



## APPLICATION FOR LEAVE OF ABSCENCE & TIME IN LIEU

**NAME (Capital Letters):**

**STAFF IDENTIFICATION NUMBER:**

LEAVE TYPE	FROM DATE	TO DATE	LEAVE TAKEN IN HOURS & MINS
ANNUAL LEAVE			
LONG SERVICE LEAVE			
<b>SICK LEAVE</b>			
PARENTAL LEAVE			
PERSONAL/CARER'S LEAVE			
BEREAVEMENT LEAVE/ COMPASSIONATE LEAVE			
COMMUNITY SERVICE LEAVE			
UNPAID LEAVE			
<b>TIME IN LIEU</b>			

Specify dates of any days in period selected NOT to be counted as leave eg: Public Holidays / time in lieu - No. of Days/Dates:

**INFORMATION CERTIFIED & AUTHORISED**

<b>EMPLOYEE NAME:</b>	<b>SIGN:</b>	<b>DATE:</b>
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AUTHORISED (PLEASE CIRCLE & SIGN) <b>SIGN:</b>	<b>YES</b>	<b>NO</b>
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NAME	DATE:
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*Area Manager or nominated representative*

DECLINED (Tick)  please see your Team Leader/Supervisor

**Leave is confirmed when the applicant receives a signed/authorized copy of this Leave Application Form.**

**Please be aware that if a signed/authorized copy of this leave application form is not returned to the applicant, leave has not been approved.**