

Leave Application

Purchased Leave

Employee Details

Employee Number	Name	Campus	Fraction
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Faculty/Division/Office		School/Section/Centre	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

Part Time Staff Must Complete

Please specify roster for the fortnight commencing the Friday immediately after pay day.

	Fri	Sat	Sun	Mon	Tue	Wed	Thu		Fri	Sat	Sun	Mon	Tue	Wed	Thu
Hours	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Leave Details (Further information is available on our [website](#))

From <input style="width: 80%;" type="text"/>	No. of hrs (if not full day) <input style="width: 80%;" type="text"/>	Total hours/days <input style="width: 90%;" type="text"/>
To <input style="width: 80%;" type="text"/>	No. of hrs (if not full day) <input style="width: 80%;" type="text"/>	

Signature and Authorisation

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

HR Use Only

<input type="checkbox"/> Processed	<input type="checkbox"/> Checked	<input type="checkbox"/> Trimmed	<input style="width: 90%;" type="text"/>
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