



Leave Application

Purchased Leave

Employee Details

Employee Number	Name	Campus	Fraction
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty/Division/Office	School/Section/Centre		
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

From	<input type="text"/>	No. of hrs (if not full day)	<input type="text"/>	Total hours/days <input type="text"/>
To	<input type="text"/>	No. of hrs (if not full day)	<input type="text"/>	

Signature and Authorisation

Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Date
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Date

DPC Use Only

<input type="checkbox"/> Processed	<input type="checkbox"/> Checked	<input type="checkbox"/> Trimmed	<input type="text"/>
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