

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 the [fact sheet](#))

Please select the reason for Special Leave (*documentary evidence may be required*)

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

An employee may apply for a maximum of 10 days of paid special leave per calendar year.

Additional Information (if applicable)

Bereavement Leave - The deceased was my:	If Wider Kinship, please specify
<input type="text"/>	<input type="text"/>

Cultural or Religious Obligations - Please specify

Natural Disaster/Emergency Services Volunteer - Please specify the nature of the situation

Signature and Authorisation

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

HR Use Only

Documentation
 Processed
 Checked
 Trimmed