

**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**

Medical Appointments/Other Reason for Leave

Date(s)	Number of Hours	Appointment Type (e.g. Doctor, Physio, X Ray) or Other Reason for Leave

Leave of Absence (Time Lost from Work)

Date(s) From	Date(s) To	Total Hours Absent	Hours Absent per Day

If hours absent differ each day, please indicate hours absent each day. Attach additional sheet if more space is needed.

**Signature and Authorisation**

Medical Certificate for above absence(s) is attached

**Employee**

\_\_\_\_\_ Name                      \_\_\_\_\_ Signature                      \_\_\_\_\_ Date

**Supervisor**

\_\_\_\_\_ Name                      \_\_\_\_\_ Signature                      \_\_\_\_\_ Date

**HR Use Only**

Medical Certificate Received

Leave Verified by Injury  
Management Coordinator

Leave Booked