



# Leave Application

## Workers Compensation 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

☐ Medical Appointments/Other Reason for Leave

Date(s)	Number of Hours	Appointment Type (e.g. Doctor, Physio, X Ray) or Other Reason for Leave
<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"/>	<input type="text"/>

☐ Leave of Absence (Time Lost from Work)

Date(s) From	Date(s) To	Total Hours Absent	Hours Absent per Day
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

### DPC Use Only

☐ Medical Certificate Received

Leave Verified by Injury  
Management Coordinator

Leave Booked