

Leave Application

Cancel Leave

Employee Details	
Employee Number Name Campus	Fraction
Faculty/Division/Office School/Section/Centre	
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 T	ue Wed Thu
Hours	
Leave Details	
Annual Leave From To Number o	of Days
An employee may cancel or vary their annual leave booking, with the approval of their supervisor. This form is used	d to cancel an existing
leave booking. To vary leave dates, another leave application (with new dates) is also required. An employee who is sick during annual leave may request reversal of their annual leave booking. The illness must	he for a period of at
least five (5) consecutive days and medical certificate must be provided. Personal leave will be booked accordingly	
Personal Leave From To Number o	of Days
An employee must not return to work prior to the end date indicated on their original medical certificate without first from a medical practitioner. A new medical certificate is required.	obtaining clearance
Carer's Leave From To Number o	of Days
☐ Long Service Leave From To Number o	of Days
An employee may cancel or vary their long service leave booking, with the approval of their supervisor. This form is existing leave booking. To vary leave date, another leave application (with new dates) is also required.	s used to cancel an
An employee who is sick during long service leave may request reversal of their long service leave booking. The illiperiod of at leave five (5) consecutive days and a medical certificate must be provided. Personal leave will be book	
Leave Without Pay From To Number o	of Days
An employee will not normally be permitted to reverse their leave without pay booking. Consideration must be given made to replace the employee when the leave was originally approved.	n to the arrangements
Other Leave From To Number o	of Days
Specify type of leave	
For parental, adoption and maternity leave, please contact <u>Employee Services</u> to discuss changes to leave arrange	ements.
Signature and Authorisation	
Signature and Authorisation	
Signature and Authorisation Employee	
Signature and Authorisation Employee	
Signature and Authorisation Employee Name Signature Date Supervisor	
Signature and Authorisation Employee	
Signature and Authorisation Employee Name Signature Date Supervisor Name Signature Date	
Signature and Authorisation Employee Name Signature Date Supervisor Name Signature Date Band 5 For long service leave and leave without pay Name Signature Date	

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