



APPLICATION FOR LEAVE

Name:

Store:

DETAILS OF LEAVE

Date from:/...../.....
(first day of leave)

Date to:/...../.....
(last day of leave)

TYPE OF LEAVE

Annual

Sick – with certificate
(attach doctor’s certificate)

Sick – without certificate

Compassionate

Long Service

Leave without pay

No. of Public holidays included in days off: _____

I WILL RESUME DUTY ON (date):/...../.....

I WISH TO BE PAID WEEKLY OR IN ADVANCE

To be paid before you commence your leave, your approved Application for Leave form should be submitted to Head Office **fourteen days** prior to commencement of leave.

EMPLOYEE’S SIGNATURE: DATE:/...../.....

Office Use

TOTAL LEAVE USED:

ANNUAL LEAVE: _____

COMPASSIONATE LEAVE: _____

SICK LEAVE: _____

LONG SERVICE LEAVE: _____

1. MANAGER Approved Signed: Date:/...../.....

2. HEAD OFFICE Approved Signed: Date:/...../.....

Cancelled Reason: