

Leave Request Form

Please return this form to the accounts department once completed

Today's date

Employee Name

Employee Number

Leave Applied for: (Please tick the appropriate box)

<input type="checkbox"/>	Annual Leave	<input type="checkbox"/>	Time in Lieu – Accrual Leave
<input type="checkbox"/>	Personal Sick / Compassionate / Carers Leave*	<input type="checkbox"/>	Long Service Leave
<input type="checkbox"/>	Unpaid Parental Leave	<input type="checkbox"/>	Unpaid Leave
<input type="checkbox"/>	Other Leave – please specify	<input type="checkbox"/>	RDO Leave – Accrual Leave

*Medical certificate required

LINK: <https://www.fairwork.gov.au/leave/sick-and-carers-leave/paid-sick-and-carers-leave/notice-and-medical-certificates>

Date of first day of leave

Date of last day of leave

Dates of any public holidays during this period

Return to work date

Total number of paid leave days off

Current leave balance

I, the employee, agree that the above information is true and correct

Date:

Employee signature:

Office use only:

Evidence sighted and attached

(example: Medical certificate, statutory declaration, funeral notice etc...)

Approved Signature

Not Approved Date