Template 11 - Leave Form

Employee’s details:

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Position: |  |
| Contact No: |  |

Leave type:

Please tick the appropriate box(es). If you are applying for more than one type of leave, please specify the details in the comments section provided.

[ ]  Personal leave

[ ]  Annual leave

[ ]  Long service leave

[ ]  Parental leave

[ ]  Leave without Pay

[ ]  Other. Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

|  |
| --- |
|  |

Period of leave:

|  |  |
| --- | --- |
| Last Day of Work: |  |
| Return to Work Date: |  |
| Total Number of Working Days off: |  |

Note: Do not include any RDOs, public holidays, or substituted days in the total.

Comments:

|  |
| --- |
|  |

Signature of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Approval of leave: (to be completed by manager/supervisor)

[ ]  Approved [ ]  Not approved

Reason for refusal (if applicable):

|  |
| --- |
|  |

Name of Manager/supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of manager/supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

NB: Keep a copy of this form as a record and ensure you advise your employees if you approve or do not approve their proposed leave. You cannot unreasonably refuse an employee’s request to take paid annual leave.