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.