



Form No: QF 5112.01

Application for Leave

Employee Name:

Payroll ID:

I hereby make application for:

Working days leave (not including Public Holidays)

Relevant dates:

Option 1 Option 2 Option 3 Approved

First day of leave will be:

Last day of leave will be:

I will return to work on:

Options only to be completed when authorising manager requests employee to identify annual leave preferences throughout the year.

This section be completed by all employees

Indicate your normal working hours by indicating how many hours you work each shift in the appropriate boxes:

| | | | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | | | | | | | |
| Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri |

Type of Leave

This leave will be (please tick box):

- Annual Leave
- Personal Leave
- Long Service Leave
- Compassionate Leave
- Ceremonial Leave
- Special Leave with pay
- Maternity Leave
- Study Leave
- Defence Force Leave
- Jury Services
- Leave without pay

Reasons for Special Leave Request:

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Employee's Signature: Date:

Authorising Manager's Signature: Date: