



LEAVE APPLICATION/ADVICE

Name _____

Start Date ___ / ___ / ___ (1st Day of Leave)

Finish Date ___ / ___ / ___ (Last Day of Leave)

Return to Work Date ___ / ___ / ___

Number of Public Holidays Included _____

ACTUAL LEAVE DAYS

AVAILABLE LEAVE DAYS

(Head office Use Only)

	Sick Leave	Complete Section A
	Annual Leave	Complete Section B
	Other	Complete Sections B & C

Section A

Doctors certificate attached YES / NO

Section B

Host Notified YES / NO

Section C

Other Leave: _____

AUTHORISATION

EMPLOYEE SIGNATURE: _____	DATE: / /20__
HOST MANAGER SIGNATURE: _____ (If applicable)	DATE: / /20__
MANAGER SIGNATURE: _____	DATE: / /20__

APPROVED

NOT APPROVED