



LEAVE APPLICATION / ABSENTEE NOTIFICATION FORM

Employee Name:					
First day of Leave:		Last Day of Leave:			
Number of days leave: (not inc R&R days)					
Include R&R days in pay:	Yes	No	Approved:	Yes	No

TYPE OF LEAVE / ABSENCE

WHEREVER POSSIBLE A **MINIMUM OF 4 WEEKS** NOTICE FOR ANNUAL & UNPAID LEAVE SHOULD BE PROVIDED

Please place an X in the applicable box.

- Annual Leave
- Sick
 Medical Certificate provided
 No Medical Certificate provided
- Carer's Leave *(Medical Certificate or Stat Dec required)*
- Bereavement/Compassionate* _____
Please provide details
- Jury Service *(Written confirmation required)*
- Leave without Pay *(Bch available if paid leave is owing)*

Employees Signature:		Date:	
Leave Approved:	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No (if no give reason)		
<i>Reason for non approval:</i>			
Supervisor / Managers Signature:		Date:	
C : : 791 G9 CB@M			
No of days leave available:			
Approval/non approval advised to employee:	<input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> personally		
Employee Record updated:			
Client advised:	<input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> phone		
Flights Booked:	Yes	No	N/A
	Confirmed: Yes No		
Roster updated (date):	MYOB Updated		
Pay Officers Signature:			

D'YUgYVta d'YHYZfa Zf'U''YUj Y'cf'UVgYbWg'UbX'fYli fb'lc' <F'cZ'W''