

## APPLICATION FOR LEAVE

NAME	DATE	
Phone		
Type of Leave		
please tick		
Annual Leave	<input type="checkbox"/> Please note that if leave is taken during the year, a corresponding amount of time may be unpaid at the end of year due to the NOSS close down.	
Personal/Carers Leave	<input type="checkbox"/> Please note that a Certificate is required for any more than three days Personal/Carers leave per year	
Certificate attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Long Service Leave	<input type="checkbox"/>	
Leave without Pay	<input type="checkbox"/> Any more than four weeks leave without pay will require approval from the Board of Governance	
Dates Requested		
Please enter dates of leave required		
Leave from	to	(inclusive)
Reason for Leave		
Detailed supporting reasons are required for all applications for Leave without Pay		
Other comments		
Signature		

PLEASE NOTE: Any requests for leave should be given in writing to your supervisor with at least two weeks notice. A submission must be made to the Board for any leave without pay exceeding four (4) weeks.

OFFICE USE ONLY		
Leave accrued?		
Approval	Supervisor	DATE
Approved/Not approved		
Approval	General Manager	DATE
Approved/Not approved		