



Leave Request

Details			
Employer:			
Employee's Manager:			
Employee's Name:			
Employee's Signature:		Date:	
Type of Absence			
<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Personal/Carer's	<input type="checkbox"/> Compassionate	
<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Unpaid Personal/Carer's	<input type="checkbox"/> Unpaid Leave	
<input type="checkbox"/> Long Service Leave	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Defence Force	
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Other (specify): _____		
Reason for Absence			
Medical certificate or other evidence provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Period of Leave			
First day of leave:		Last day of leave:	
Start time:		End time:	
Number of working days:			
Manager Approval			
<input type="checkbox"/> Approved	Comment:		
<input type="checkbox"/> Refused			
Signed:			
Name:		Date:	