

LEAVE FORM

Approved by Supervisor								
		Yes			No			
x								

EMPLOYEE TO COMPLETE										
Employee Name:										
Position:			Lo	cation:						
Dates Required:	Commencement of Leave Date:				Last Day of Leave:					
(Include times if req.)	Date: Time:				Date: Time:					
Type of Leave:						Indicate with ☑				
□ Annual Leave		□ Per	sonal	\rightarrow \rightarrow	\rightarrow	Personal Leave – Type/Purpose				
☐ FLEX [3 hrs+ when o	nly FLEX]	□ Lor	ng Service I	eave		□ Sick □ Carer's				
□ Study		□ Compassionate				☐ Religious ☐ Other				
☐ Leave Without	•	□ Other				□ Personal				
☐ TOIL [3 hrs+ when only TOIL] Please note: TOIL always marked when ir		conjunction with any other leave			_	Emergency				
Total Number of Da		Days	Break							
Total Number of W	equired:		_ Hours (r standard hours worked per designated day)						
Signature of Emplo				-		Date:				
While the Guild will endeavour to accommodate your leave request (at the date and time requests) approval of your leave application is not automatic. If you are intending to book travel or accommodation, you should not confirm bookings until you receive notice that your application has been approved. The Guild accepts no liability for any costs incurred for loss of deposits or change or travel plans.										
MANAGER TO CO	OMPLETE									
The above leave is:			Approved			□ Not Approved				
Where leave is approve Is relief Staff arranged?					Where leave is not approved? Have you discussed this with the employee?					
Signature of Manag	ger:					Date://				
>										
Notification of Leave Approval (once your application has been processed this portion of the form will be returned to you advising you as to whether or not your application has been approved)										
Employee's Name:										
Section/Location:										
Leave Request:	From:		To:			Туре:				
Your Leave Applicat	ion has been:	□ Approved			□ Not Approved					