

Leave Application Form

NAME: _____

REGION: _____

I wish to apply for leave, as indicated below:

Date Commencing: / /

Date Returning: / /

Signature: _____

Date: / /

Annual Leave Payment Option Code

APPROVAL GIVEN:

Supervisor: _____

Date: / /

Forward to Personnel Department once signed

Type of Leave	No. of Days
Annual Leave	
Bereavement Leave	
Study Leave	
Leave Without Pay	
Long Service Leave	
T.O.I.L.	
Sub-Total	
Plus Public Holidays	
Total	

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