Staff Leave Request Form

Annual Leave and Sick Leave will be accrued at the rate as stated in the Industry Award. To request leave you must submit a Staff Leave Request Form and hand it to your Nominated Supervisor. You will be notified in writing if your request has been successful. Leave will not be granted to any two (2) employees for the same period. [Delete if not applicable to your Service]

|  |  |
| --- | --- |
| FULL NAME: |  |
| POSITION: |  |
| DATE: |  |

LEAVE TYPE

Annual leave ☐ Sick leave ☐ Parental leave ☐ other ☐

|  |  |  |  |
| --- | --- | --- | --- |
| PERIOD OF LEAVE: | Last day of work/ / | TO | Return to work date/ / |
| TOTAL WORK DAYS OFF | Note: Do not include any RDO’s, public holidays, or substituted days in the total: |
| COMMENTS: |  |
| SIGNATURE OF EMPLOYEE |  DATE: / / |

APPROVAL OF LEAVE (To be completed by manager/supervisor)

Approved ☐ Not approved ☐Reason for refusal (If applicable):

|  |  |
| --- | --- |
| SIGNATURE OF MANAGER | DATE: / / .  |