# Leave Application Form.

## This form is use to submit a leave request.

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| --- |
| **Your Details**  |
| **Name** |  |
| **Position**  |  |
| **Leave Request**  |
| **Type of Leave**  | Annual Leave [ ]   | Personal Leave | Long Service Leave [ ]   |
| Compassionate Leave [ ]   | WorkCover [ ]   | Parental Leave [ ]   |
| Rostered Day Off [ ]   | Jury Duty [ ]   | Leave Without Pay [ ]   |
| **Commencement Date** |  |
| **Return to Work Date**  |  |
| **Total Leave Days**  |  |
| **Additional Information** |
| **Medical Certificate**  | Yes [ ]   | No [ ]   | N/A [ ]   |
| **WorkCover Claim**  | Yes [ ]   | No [ ]   | N/A [ ]   |
| **Comments**  |
|  |
| **Employee Sign Off**  |
| **Signature** |  |
| **Date** |  |
| **Manager Sign Off**  |
| **Authorisation**  | Approved [ ]   | Denied [ ]   |
| **Signature** |  |
| **Date** |  |