# 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** |  | | | |