

ACADEMIC STAFF ANNUAL LEAVE APPLICATION FORM

(To be completed at the commencement of each calendar year.
 Dates of leave may be varied with the approval of Supervisor and with advice
 to the Office of Human Resources)

Employee No: _____

Surname: _____

First Name: _____

College/School/Office: _____

Ext: ☎ _____

Academic:

Full Time Fractional - Hours per Week: _____

Leave Type	No. of Days/Hours	First Day of Leave <small>(ie dd/mm/yy)</small>	Last Day of Leave <small>(ie dd/mm/yy)</small>	Comments
Annual	_____	_____	_____	
Pay in Advance: (Must be a complete pay period) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual	_____	_____	_____	
Pay in Advance: (Must be a complete pay period) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual	_____	_____	_____	
Pay in Advance: (Must be a complete pay period) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual	_____	_____	_____	
Pay in Advance: (Must be a complete pay period) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual	_____	_____	_____	
Pay in Advance: (Must be a complete pay period) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature of Employee

Date

Recommended

Not Recommended

 Supervisor/Manager (please print name)*
Please note: If not the delegated officer, please forward for approval.

 Signature

Approval/Comments from Delegated Officer: _____

Delegated Officer (please print name)

Signature

Date

HR USE ONLY:

Application entered and availability checked: _____ Checked by and Date: _____