LEAVE APPLICATION FORM

Employee #:               College/School/Office:               Ext:  
Surname:                                                                 First Name:  

Academic:  ☐ Full Time  ☐ Fractional - Hours per Week: ________________

General:  ☐ Full Time  ☐ Part Time – Working Days or Hours per Week: _______

<table>
<thead>
<tr>
<th>Leave Type</th>
<th>No. Of Days/ Hours</th>
<th>First Day of Leave (ie dd/mm/yy)</th>
<th>Last Day of Leave (ie dd/mm/yy)</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Pay in Advance: (Must be a complete pay period)</td>
<td>☐ Yes  ☐ No</td>
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<tr>
<td>Long Service- Half Pay</td>
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<tr>
<td>Maternity – Full Pay/ Half Pay</td>
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<tr>
<td>Maternity – Without Pay</td>
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<tr>
<td>Leave Without Pay</td>
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<tr>
<td>Workers Compensation</td>
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<tr>
<td>Jury Service</td>
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<td>Emergency Services Callout</td>
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<td>Adoption</td>
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<td>Partner</td>
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<td>Foster- parent</td>
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<td>ADF Reserves Training</td>
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<td>Other (Please Specify under Comments)</td>
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</table>

Signature of Employee  ___________________________  Date  ___________________________

☐ Recommended  ☐ Not Recommended  Supervisor/Manager (please print name)*  ___________________________

Please note: If not the delegated officer, please forward for approval.

Approval/Comments from Delegated Officer: ___________________________

Delegated Officer (please print name)  ___________________________  Signature  ___________________________  Date  ___________________________

HR USE ONLY:

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

Revised 18th September 2012