

Office of Human Resources  
 Locked Bag 1797  
 PENRITH SOUTH DC 1797

Human Resources Operations:  
 Staffing Services

**Telephones:**  
 9678 7533 9678 7548  
 9678 7573 9678 7598  
 9678 7544  
**Facsimile:**  
 9678 7555



**LEAVE APPLICATION FORM**

**Employee No:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**College/School/Office:** \_\_\_\_\_ **Ext:** ☎ \_\_\_\_\_

**Academic:**  Full Time  Fractional - Hours per Week: \_\_\_\_\_

**General:**  Full Time  Part Time - Working Days or 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				
<b>Pay in Advance:</b> (Must be a complete pay period) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Sick <small>(Medical Cert required if more than 3 days or within first 3 months of service)</small>				
Personal <small>(include reason for leave and/or relationship if for immediate family member)</small>				
Long Service – Full Pay / Half Pay				
Maternity – Full Pay / Half Pay				
Maternity – Without Pay				
Leave Without Pay				
Workers Compensation				
Jury Service				
Emergency Services Callout				
Adoption				
Partner				
Foster-parent				
ADF Reserves Training				
Other <small>(please specify under Comments)</small>				

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

- Recommended
- Not Recommended

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

\_\_\_\_\_  
 Signature

<b>Approval/Comments from Delegated Officer:</b> _____		
_____ <i>Delegated Officer (please print name)</i>	_____ <i>Signature</i>	_____ <i>Date</i>

<b>HR USE ONLY:</b>	
Application entered and availability checked: _____	Checked by and Date: _____