**Leave request form**

|  |  |
| --- | --- |
| Employee name: |  |
| Employee title: |  |
| Employer name: | Employer name |

**Leave type**

|  |
| --- |
| [ ] Personal/ carers leave |
| [ ]  Annual leave |
| [ ]  Long service leave |
| [ ]  Compassionate leave |
| [ ]  Other (please specify) ……………………………… |

**Details**

Dates of intended or actual period of leave

From …………………………………….. to ………………………….. (inclusive)

Return to work date ………………………….Number of days/ hours of leave………………….

Comments (if any):

For personal/ carer’s leave: I attach a medical certificate to support my absence YES/ NO

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature: |  | Date: |  |

**Manager approval**

[ ]  Approved

[ ]  Not approved

Reason for leave not being approved:

|  |  |  |  |
| --- | --- | --- | --- |
| Manager signature: |  | Date: |  |