

This document is to be completed for any day that has not been/will not be attended by a staff member.

| | | | |
|---------------|--|-----------------|--|
| Employee Name | | Employee Number | |
|---------------|--|-----------------|--|

| | | | |
|------------------------------|--|--------------------|--|
| Leave required from :(date) | | To: (date) | |
| No. of Shifts: (number) | | Total Hrs:(number) | |

| | |
|---|--|
| Number of leave hours remaining: <i>(Refer to your latest payslip)</i> | |
|---|--|

| Type of leave | Hours requested | Hours available |
|---|-----------------|-----------------|
| 1. Personal Leave / Sick leave <i>(Doctor's certificate required for any days as per EBA re evidence supporting claim)</i> Office use only: DWC = | | |
| 2. Carer's leave (attach proof of event) | | |
| 3. Annual leave | | |
| 4. Long Service Leave | | |
| 5. Other | | |

Please refer to leave policy (Centro-assist platform) for definitions of leave

Supporting information:

Applicant's signature: _____ Date: _____

Leave authorised by: _____ Date: _____

Leave not authorised by: _____ Date: _____