



Application for Leave

Name **Michael South** Emp.No. **81981** Ext. **5182**
 Department **Gen Med** Cost Centre **A4603**

Method of Payment (NB: Leave will be paid by regular payments if this section is not completed)

How do you wish to be paid: In advance (full pay period only) By regular pay period
 For Long Service Leave only: Half pay at double time Double pay at half time

Please read the relevant Leave Policy in regards to required notice for leave, late payment may be a result of late notification.

Leave Type (Select from list below)	First day of leave	Last day of leave	Number of Days	Hours

LEAVE TYPE DESCRIPTIONS

Annual	Sick (Certificate) *	Parental (Paid) *
ADO / time in lieu	Sick (No Certificate)	Parental (Unpaid) *
Without Pay	Long Service (Please attach an audit)	Other (Please specify)

Other leave includes compassionate, personal / carers, conference*/ study*/ professional development*/ examination* and sabbatical* leave. * Please attach supporting documentation

Public holidays will be paid automatically excluding staff on long service leave or leave without pay.

Employee Signature _____ Date _____

Manager Name _____

Signature _____ Date _____

Approval (for leave without pay < 3 months)

Senior Manager Name _____ Signature _____ Date _____

Approval (long service leave > 3 months, leave without pay > 3 months or sabbatical leave)

Exec / CEO _____ Signature _____ Date _____

Roster: Leave loading will be paid according to default roster, if different please indicate correct days below.

Wk. Comm.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Payroll Service Name _____

Signature _____ Date _____