**LEAVE REQUEST FORM**

**Tick which leave is been sought:**

⃝ Paid Annual leave ⃝ Unpaid Leave ⃝ Sick Leave ⃝ Jury Service ⃝ Bereavement

⃝ Doctors Appointment ⃝ Study Leave ⃝ Other ( Please Specify )

**Please note for Paid & Unpaid Annual Leave**

This request Form must be submitted **at least two weeks in advance of leave**.

Paid & Unpaid **leave is subject to approval & is not automatic.**

Leave is often dependent on availability of relief staff in the unit/s you work in and/or client staff to be approved.

|  |  |
| --- | --- |
| Full Name: |  |
| Number of Hours (Approximate): |  |
| Date of Payment (THURSDAY ONLY): |  |
| Date of leave (Starting): |  |
| Date of Return (First day back in work):  |  |

Temp Signature: Print Name:

Date of Request:

**For Office Use Only**

|  |  |
| --- | --- |
| Date Entered On System :  |  |
| Approved:  |  Yes / No |

Signed (Internal): Print Name