

**LEAVE APPLICATION / NOTIFICATION OF UNAVAILABILITY**

Name: \_\_\_\_\_

Which role is this for? Tick all that apply:      Support Worker      Contractor      Other      Office

TYPE OF LEAVE REQUESTED	DATES REQUESTED FOR LEAVE	HOURS CLAIMED	DATE TO BE PAID
<b>ANNUAL LEAVE</b> (2 mths notice required)	From: _____ (inc) To: _____ (inc)		
<b>PERSONAL LEAVE</b> (Medical Certificate required for more than 2 days)	From: _____ (inc) To: _____ (inc)		
<b>SPECIAL LEAVE</b> <input type="checkbox"/> Parental <input type="checkbox"/> Compassionate <input type="checkbox"/> TOIL <input type="checkbox"/> Long Service Leave (3 mths notice required)	From: _____ (inc) To: _____ (inc)		
<b>OTHER LEAVE</b> <input type="checkbox"/> Unpaid/Unavailable	From: _____ (inc) To: _____ (inc)		
Rostered shifts that this leave will affect: _____			

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use only**

Approved       Not approved. Reason \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Administration:**

- Correspondence List
- Enter into Extended hours leave register
- Enter into Prosims       Support Worker       Contractor       Other
- If payment required give to Finance. If no payment, file in personnel file
- Payment made: Date: \_\_\_\_\_