**Leave Request Form**

**Leave Guidelines**

* Annual leave forms must be approved **at least 14 days** prior to first day of leave. If no form is received, Annual Leave will not be paid.
* Sick and bereavement leave forms should be submitted as soon as is practicable.
* Sick leave will not be paid where the employee has no entitlement to sick leave.
* Proof to support leave may be requested (i.e. medical certificate, death notice).
* Employees may be asked to supply a Medical Certificate at other times for absences due to illness or injury.

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| **Employee Name:** |  |
| **Contact Telephone:** |  |
| **Leave Type (please tick):** | * Annual * Sick * Bereavement |
| **First Day of Leave:**  **Last Day of Leave:** | Date:  Date:  **Total Number of Days:** |
| **Employee Signature:** |  |
| **Employer Signature:** |  |
| **OFFICE USE ONLY**  Approved: 🞎 Declined: 🞎 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of approving Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |