Leave Application

Last Name: 
First Name: 
Staff Number: 
Job Number: 
Faculty/School/Office (FSO): 
Telephone No: 

Please indicate if you are: 
- [ ] Full Time 
- [ ] Part Time 

Complete next section 
(Type of leave being applied for) 

Please specify below, the total hours worked each day 
(for your normal pattern) 

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<th>SA</th>
<th>SU</th>
<th>MO</th>
<th>TU</th>
<th>WE</th>
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Type of leave being applied for 
(please use inclusive dates)

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<tr>
<th>Leave Type *</th>
<th>From (dd-mm-yyyy)</th>
<th>To (dd-mm-yyyy)</th>
<th>Duration of Leave (in HOURS)</th>
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Please note: Leave without pay OR Leave on half pay – Human Resources recommends that you contact your superannuation fund prior to the commencement date of the leave period to discuss the possible implications.

Signature of Applicant

Signature Of Applicant: ___________________________ Date: ____________

Supervisor 
→ School Dean/Director 
→ Actioned by Human Resources

Print Name
Signature
Date
Print Name
Signature
Date
Print Name
Signature
Date