

Leave Application



Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Staff Number:	<input type="text"/>	Job Number:	<input type="text"/>
Faculty/School/Office (FSO)	<input type="text"/>	Telephone No:	<input type="text"/>

Please indicate if you are

<input type="checkbox"/>	Full Time	—————	Complete next section (Type of leave being applied for)
<input type="checkbox"/>	Part Time		

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

SA	SU	MO	TU	WE	TH	FR	SA	^S U	MO	TU	WE	TH	FR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pay Day

Type of leave being applied for (please use inclusive dates)

Leave Type *	From (dd-mm-yyyy)	To (dd-mm-yyyy)	Duration of Leave (in HOURS)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name	Print Name	Print Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Date	Date