

APPLICATION FOR LEAVE FORM

514

Employee: _____

Type of leave applied for (Please indicate type of leave by ticking box)

Annual ☐ (Leave: Minimum of half day. All leave shall be paid with normal weekly pay unless approved to be paid in advance)

Sick ☐ Reason: _____ Doctors Certificate provided Yes ☐ No ☐

Whom informed: _____ Date: ____ / ____ / ____ Time: ____ am/pm

Carers ☐ Name of person: _____ (Nominate person 'Responsible For')

Relationship: _____ (Immediate family member must be nominated)

Bereavement ☐ Name of person: _____ (Nominate family member)

Relationship: _____ (Immediate family member must be nominated)

Other (Specify) ☐ Details: _____

Leave without pay ☐ (Excludes Long Service Leave and Annual Leave entitlements)

Leave without pay ☐ (To be deducted firstly off any overtime worked and then shortpaid accordingly.)

Date of first day of leave: ____ / ____ / ____

Date of last day of leave: ____ / ____ / ____

Date of return to work: ____ / ____ / ____

Number of days applied for: _____

(Excluding public holidays)

Leave requested to be paid in advance Yes / No

(Circle whichever applicable)

Employee to sign _____

Approved by _____

Date ____ / ____ / ____

OFFICE USE ONLY

Leave records updated by _____

No hours available _____

No hours taken _____

Week ending _____

Date ____ / ____ / ____

CCP 11/13

APPROVAL OF LEAVE FORM

514

Leave is only approved when employee receives this section back and signed by management.

Approved by: ☐ Managing Director ☐ General Manager
☐ Operations Manager ☐ Production Manager

Signed: _____ Date: ____ / ____ / ____

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