

## Employee Leave Form

### Employee Details

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Submission Date: \_\_\_/\_\_\_/\_\_\_

Pay Frequency:  Monthly  Fortnightly

### Leave Information

Reasons for the Leave: \_\_\_\_\_

Type of Leave requested:

Annual Leave

Date From: \_\_\_/\_\_\_/\_\_\_

Sick – Self

Sick - Family

Sick – Dr. Appointment

Date Through: \_\_\_/\_\_\_/\_\_\_

Workers Compensation

Leave without pay (LWOP)

Civil Leave / Jury Duty

Total Hours Requested: \_\_\_\_\_ hours

### To be completed by Employer

Approved

Supervisor Signature: \_\_\_\_\_

Not Approved

Date \_\_\_/\_\_\_/\_\_\_

Reason for rejection: \_\_\_\_\_

### How to submit Leave permission

1. Employee to fill in Employee Leave Form.
2. Employee to submit Employee Leave Form to direct Supervisor.
3. Direct Supervisor approves or rejects requested Leave, ensuring to fill out remainder of the Employee Leave Form.
4. If rejected, a copy of completed form is given to the employee only.  
If approved, the form is to be sent to the Finance Manager and a copy is given to the employee.