**LEAVE REQUEST FORM**

Annual leave forms must be submittted at least 4 weeks in advance.
Leave forms for all other absences must be submitted immediately upon returning to work.

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| **LEAVE REQUEST** |
| **Employee Name:** |  |
| **Employee No.** |  | **Department:** |  |
| **Employee signature:** | **Date:** |

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| **TYPE OF LEAVE REQUESTED** |
| [ ]  **Annual**  | [ ]  **Personal (sick)** | [ ]  **Personal (carer’s)** |
| [ ]  **Compassionate** | [ ]  **Other** |  |
| **Date of leave** | From: | To: |
| **Employee signature:** | **Date:** |

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| **MANAGER APPROVAL** |
| [ ]  **Approved** | [ ]  **Rejected** |
| **Comments:**  |  |
| **Employee signature:** | **Date:** |

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| **PAYROLL APPROVAL** |
| [ ]  **Sufficient leave accrued** | [ ]  **Insufficient leave accrued** |
| **Entered into payroll system:** | [ ]  Yes | [ ]  No |
| **Payroll signature:** | **Date:** |

**NAGER APPROVAL** |