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