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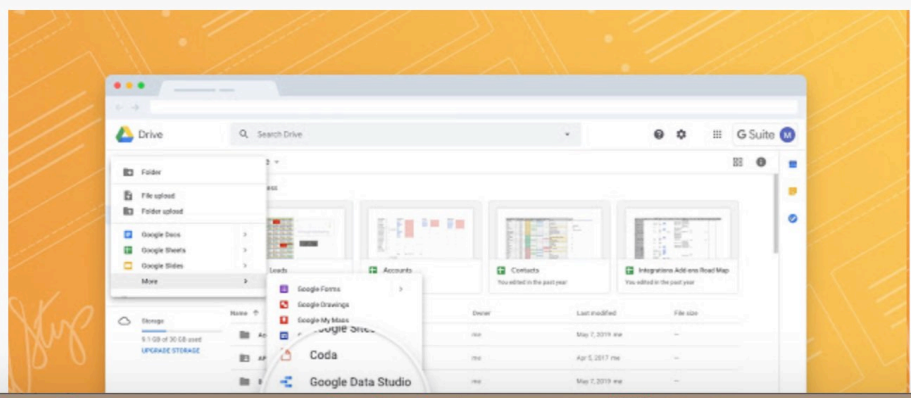
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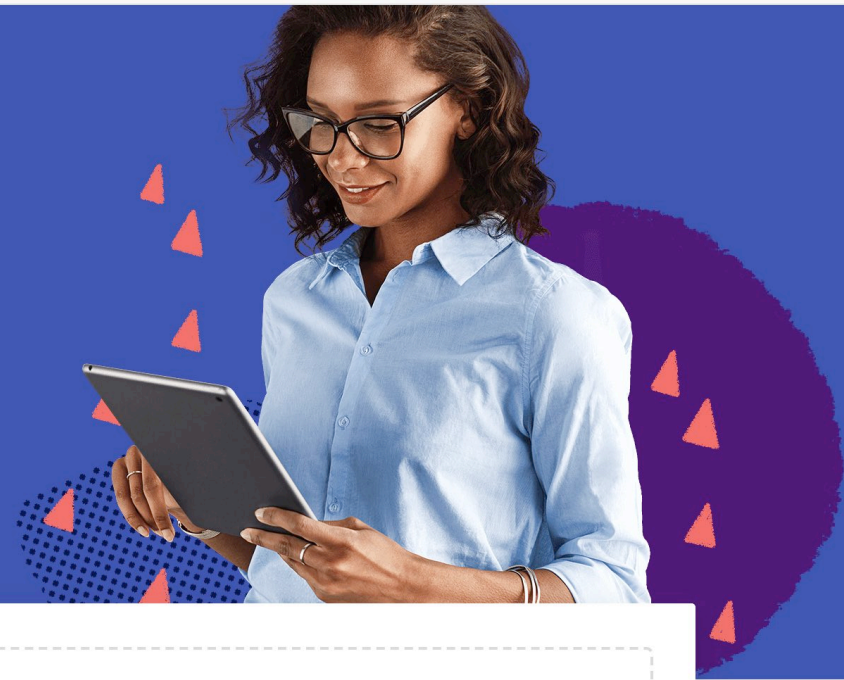
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Send completed form via email rmetcalfe@rjmprogramming.com.au

Phone: (02) 95163479

Applicant's Details

Surname:	
Other names:	Staff no.:
Classification:	
Work location:	

Leave Applied For

Whole Days: *Provide leave dates only.*

Part Days: *Provide the leave dates and the leave start and stop times.*

Part Day which spans the lunch break: *Provide separate start and stop times before and after lunch.*

Leave Type	First Date	Last Date	For part days only		Nature of Illness or Reason for Absence (Required only Sick Leave, Family Leave or Special Leave)	Supporting documents attached (tick box)
			Leave Start Time 24 Hr Time	Leave Stop Time 24 Hr Time		
						<input type="checkbox"/>

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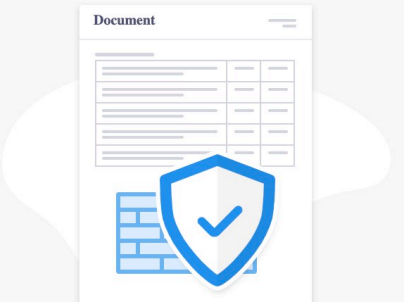
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BASIC

ONE USER

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Password:

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OPEN WITH: Google, Office365

Less

Leave Application

Send completed form via email: mel@rjmprogramming.com.au
Phone: (61) 81816476

Applicant's Details

Surname: _____ Staff no.: _____
Other names: _____
Classification: _____
Work location: _____

Leave Applied For

Whole Days: Provide leave dates only.
Part Days: Provide the leave dates and the leave start and stop times.
Part Day which spans the lunch break: Provide separate start and stop times before and after lunch.

Leave Type	First Date	Last Date	For part days only		Nature of illness or Reason for Absence (Required only Sick Leave, Family Leave or Special Leave)	Supporting documents attached (Yes/No)
			Leave Start Time 24 Hr Time	Leave Stop Time 24 Hr Time		
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Fixed Leave / ADO / RDO / Time In Lieu Dates
(NB: Fixed Leave, Approved Days Off, Rostered Days Off or Time In Lieu taken during this leave must be shown)

Annual Leave Loading
 Please arrange payment of annual leave loading for the above period of recreation leave.

Payroll Advance Payment
 Please arrange payment in advance on: Date: _____ (The last pay day prior to commencement of leave) of salary due to me for the following period(s) ending _____

Applicant Declaration
I declare that the information supplied on this form is true and complete.

Signature of Applicant: _____ Date: _____
Remarks: _____

Manager's Approval
"I certify that the leave application is correct and complies with policy."
Signature: _____ Name (print): _____
Date: _____ Position: _____

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