Leave Application



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

| Surname: | | | | | | | | |
|-----------------------------------------------------------------|---------------------|--------------------|-----------------------------------|----------------------------------|---------------------------------|-------------------------------------------|-------------------------------------|--|
| Other names: | | | | | | Staff no.: | | |
| Classification: | | | | | | | | |
| Work location: | | | | | 7.75 | | | |
| Leave AppÎled For | | | | | | - | | |
| Whole Days: Provide Part Days: Provide Part Day which spa | the leave date | and the leav | | | times before an | d after lunch. | | |
| | | | For part days only | | Nature of Illness or Reason for | | Supporting | |
| Leave Type | First Date | Last Date | Leave Start Time 24 Hr Time | Leave Stop Time 24 Hr Time | | red only Sick Leave, or Special Leave) | documents attached (lick box) | |
| | | | | | | | | |
| | | | | | | | | |
| 19 0 | | | | | | | | |
| 194 | | | | | | | In | |
| Annual Leave Load | | | | | | · · · | | |
| Please arrange | payment of snnu | al leave loading | g for the above | period of rec | reation leave. | | | |
| Payroll Advance Pa | | | | | | | | |
| Please arrange p of salary due to me for | | | | | (The last pay | dey prior to commence | ement of leave, | |
| Applicant Declarat | ion | | | | | - | | |
| I declare that the informs | ation supplied on t | his form is true a | and complete. | | | | | |
| | | | | | | | | |
| Signature of Applica | ant: | | | | Da | te: | | |
| Remarks: | | | | | | | | |
| Manager's Approv | al | | | | | | - | |
| "I certify that the leave | application is o | orrect and com | piles with polic | y.* | | | | |
| Signature: | | | Name (pri | Name (print): | | | | |
| Date: | | | Position: | 0.00 | 00 | | 0.00 | |

ABN 83 204 975 606