Application for leave

Employee Name: Department/Location:

Position/Job: Manager/Supervisor:

Type of leave	Dates		No. of days	Public holidays
	Start	End		
Annual leave				
Leave without pay				
Study leave				
Community service (jury)				
Compassionate leave				
Maternity/paternity				
Other (specify)				

Employee's signature: Date:

Manager/Supervisor's Name (Print):   Signature:

 Date:

Payroll Use Only

Total hours in leave payment: Total other hours in leave payment:

Method of payment of annual leave:

Hours to be paid on return: Balance of leave:

MEMBER
afra
Australian
Furniture
Removers
Association