

## LEAVE APPLICATION/ADVICE

<b>Name</b> _____		
<b>Start</b> Date ____/____/____ (1 <sup>st</sup> Day of Leave)		
<b>Finish</b> Date ____/____/____ (Last Day of Leave)		
<b>Return to Work</b> Date ____/____/ _		
<b>Number of Public Holidays Included</b> _____		
<b>ACTUAL LEAVE DAYS</b>	<b>AVAILABLE LEAVE DAYS</b>	
<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>	
(Head office Use Only)		
	Sick Leave	Complete Section A
	Annual Leave	Complete Section B
	Other	Complete Sections B & C
<b>Section A</b>		
Doctors certificate attached		YES / NO
<b>Section B</b>		
Host Notified		YES / NO
<b>Section C</b>		
Other Leave: _____		

### AUTHORISATION

<b>EMPLOYEE SIGNATURE:</b> _____	DATE: / /20__
<b>HOST MANAGER SIGNATURE:</b> _____ (If applicable)	DATE: / /20__
<b>MANAGER SIGNATURE:</b> _____	DATE: / /20__

**APPROVED**

**NOT APPROVED**