



## LEAVE APPLICATION FORM

Date Of Application	
Employee Name	
Employee Position	
Employee Store Location	

Dates Requested	From:	To:
Total Working Days		

### Type of Leave (Please tick which applies)

<input type="checkbox"/>	Annual Leave	<input type="checkbox"/>	Leave without Pay
<input type="checkbox"/>	Sick Leave without Doctor's Certificate	<input type="checkbox"/>	Compassionate Leave
<input type="checkbox"/>	Sick Leave with Doctor's Certificate	<input type="checkbox"/>	Bereavement Leave
<input type="checkbox"/>	Long Service Leave	<input type="checkbox"/>	Other: _____

### Reason for Application

--

Employee Signature	
--------------------	--

### \*\*\*\* OFFICE USE ONLY \*\*\*\*

Number of Days Leave Requested:	_____ DAYS
Total Days Eligible:	_____ DAYS
Paid Leave Recommended:	YES / NO
Leave Record Updated:	YES / NO
Approved By:	Date of Approval: