

Other Leave Application Form

Please refer to the Other Leave Policy for details of eligibility, entitlement, application process and requirements for supporting documentation.

Employee Name:			
Job Title:			
Assignment Number:			
Type of Leave requested:			
Reason for request:			
Number of days/ hours leave requested:			
Paid	<input type="checkbox"/>	Unpaid	<input type="checkbox"/>
Employees Signature			
Date:			
To be completed by Line Manager			
Manager's Comments:			
Manager's Name:			
Job Title:			
Signature:			
Date			

One copy to be provided to applicant

Cc Employee Personnel File
Workforce Team