

Staff Leave Application Form

Note: Staff is not required to fill this form if taking leave during the Institute's term breaks or holidays.

Employee Surname:		First Name:	
Department Name:			
Leave Type (please indicate with an 'x')			
Payroll Code			
ANN	ANNUAL LEAVE	<input type="checkbox"/>	
LoP	LOSS of PAY	<input type="checkbox"/>	
SIC	SICK LEAVE - without certificate	<input type="checkbox"/>	* Only 2 days per service year
SIC	SICK LEAVE - with certificate	<input type="checkbox"/>	* Please attach certificate
FAM	FAMILY LEAVE - without certificate	<input type="checkbox"/>	
FAM	FAMILY LEAVE - with certificate	<input type="checkbox"/>	* Please attach certificate
CMP	COMPASSIONATE LEAVE	<input type="checkbox"/>	
STY	STUDY LEAVE	<input type="checkbox"/>	
PAT	PARENTAL LEAVE	<input type="checkbox"/>	
JURY	JURY SERVICE LEAVE	<input type="checkbox"/>	
LSL	LONG SERVICE LEAVE	<input type="checkbox"/>	
	OTHER	<input type="checkbox"/>	* Please specify
Period of Absence			
First day of leave / /		Last day of leave / /	
Total number of days <input type="text"/>		*(exclude weekends and public holidays)	
Sign Off			
Employee Signature:		Date:	
Line Manager Name:	Signature:	Date:	
Approving Officer Name:	Signature:	Date:	
Payroll Use Only			
Process Date:			
Normal: <input type="text"/> Hours <input type="text"/> Minutes	Leave: <input type="text"/> Hours <input type="text"/> Minutes		