**LEAVE APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | **Nature of Leave** | Annual 🞏 | Sick 🞏 | Carer’s 🞏 |  |
|  |  |  |  |  |  |
|  | Other |  |  |  |  |
|  |  |  |  |  |  |
|  | Employee Name |  |  |  |  |
|  |  |  |  |  |  |
|  | Start Date of Leave |  | Finish Date of Leave |  |  |
|  |  |  |  |  |  |
|  | No. Working Days |  | No. Public Holidays |  |  |
|  |  |  |  |  |  |
|  | Total No. Days Absent |  |  |  |  |
|  |  |  |  |  |  |
|  | DR’s Certificate Attached: |  | Yes 🞏 | No 🞏 |  |
|  |  |  |  |  |  |
|  | Employee Signature |  |  |  |  |
|  |  |  |  |  |  |
|  | Leave Approved | Yes 🞏 | No 🞏 |  |  |
|  |  |  |  |  |  |
|  | Name of Manager approving leave |  |  |  |  |
|  |  |  |  |  |  |
|  | Signature of approving manager |  |  |  |  |
|  |  |  |  |  |  |
|  | **PAYROLL ADMINISTRATION** |  |  |  |
|  | **Is the leave** | Paid Leave 🞏  | or | Unpaid Leave 🞏 |  |
|  |  | Processed/Recorded in payroll system 🞏 |  |
|  |  |  |  |  |  |