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| **APPLICATION FOR ANNUAL LEAVE** | | | |
| NAME OF EMPLOYEE: |  | | |
| TYPE OF LEAVE REQUESTED (ANNUAL; WI/O PAY; LONG SERVICE; CARERS ETC) : |  | | |
| LAST DATE OF WORK: |  | FIRST DATE OF LEAVE: |  |
| LASTE DATE OF LEAVE: |  | RETURN TO WORK DATE: |  |
| NUMBER OF WORKING DAYS REQUESTED: |  | NUMBER OF PUBLIC HOLIDAYS: |  |
| **APPROVAL OF APPLICATION** | | | |
| EMPLOYEE SIGNATURE: |  | | |
| DATE: |  | | |
| MANAGERS APPROVAL SIGNATURE: |  | | |
| DATE: |  | | |
| **OFFICE USE ONLY** | | | |
| DAYS ENTITLED: |  | AT DATE: |  |
| ESTIMATED DAYS ACCRUED AT LEAVE DATE: | |  | |
| TOTAL LEAVE DAYS REQUESTED: | |  | |
| BALANCE OF DAYS ENTITLED AT RETURN DATE: | |  | |
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