

# LEAVE REQUEST FORM

*(Attendants to complete and return to Country Care)*

Attendants Name: \_\_\_\_\_

Current Client/s: \_\_\_\_\_

Usual Rostered Hours

Week 1	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Times							
Week 2	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Times							

Holiday Period Requested;

From \_\_\_\_\_ To \_\_\_\_\_  
*(Last shift worked) (First shift back)*

Do you wish to claim Annual Leave for this period?     Y     N

Total hours you wish to claim: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Office Use Only**

Name \_\_\_\_\_

Number of Hours Entitlement as of 13<sup>th</sup> June 2009

Number of hours used \_\_\_\_\_    Number of hours remaining \_\_\_\_\_

Approved Leave  
 From \_\_\_\_\_ To \_\_\_\_\_

Client: Notified      
 Date: \_\_\_\_\_

ACW: Notified      
 Date: \_\_\_\_\_

Replacement Arranged      
 Date: \_\_\_\_\_

Rosters Sent