

Leave Request Form

Employee Name: _____ (circle) F/T P/T Casual

Please list current clients you are working with: _____

Type of leave requested

Annual Leave Sick Leave (Certificate Attached Yes No)

Compassionate Leave Carer's Leave (Certificate Attached Yes No)

Other Leave _____

Application for Leave

From _____ To _____ Inclusive

Are you claiming paid leave for this period?

No

Yes → Number of hours _____ Number of S/O Shifts _____

(Please note casual employees are not entitled to paid leave)

Do any public holidays fall in your leave? Yes → How many? _____

No

Employee's Signature _____
Name Signature Date

Authorisation

Leave not approved at this time Reason _____

Leave Approved Comments _____

Approved by Care Co-ordinator _____
Name Signature Date

Approved by Manager _____
Name Signature Date

Country Care Pty Ltd

Specialist In Attendant Care & Home Support Services

Office Use Only

Date Request Received _____

Employee notified approved or not approved **Yes** Date _____

Replacement Staff arranged **Yes** **N/A**

Sick Leave without certificate days _____