



Please cancel the below leave application

Employee to complete

Employee name

Department/section

First date of absence / /

Last date of absence / /

Date of return to work / /

Total days absent

Total hours absent

Type of leave

☐ Annual leave ☐ Sick leave (*medical certificate required if >2 days*)

☐ Family leave (*sick leave ent.*) ☐ Long service leave ☐ Time off in lieu

☐ Bereavement leave (*family*) ☐ Maternity/Paternity leave (*unpaid*)

☐ Other—please specify:

Signature

Employee signature

 / /

Date

Supervisor/Manager to complete

Cancellation approved ☐ Yes ☐ No

Signature

Supervisor/Manager signature

 / /

Date

Supervisor/Manager full name

Supervisor/Manager contact number