



Leave Application

Cancel Leave

Employee Details

Employee Number	Name	Campus	Fraction
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty/Division/Office		School/Section/Centre	
<input type="text"/>		<input type="text"/>	

Part Time Staff Must Complete

Please specify roster for the fortnight commencing the Friday immediately after pay day.

	Fri	Sat	Sun	Mon	Tue	Wed	Thu		Fri	Sat	Sun	Mon	Tue	Wed	Thu
Hours															

Leave Details

☐ **Annual Leave** From To Number of Days

An employee may cancel or vary their annual leave booking, with the approval of their supervisor. This form is used to cancel an existing leave booking. To vary leave dates, another leave application (with new dates) is also required.

An employee who is sick during annual leave may request reversal of their annual leave booking. The illness must be for a period of at least five (5) consecutive days and medical certificate must be provided. Personal leave will be booked accordingly.

☐ **Personal Leave** From To Number of Days

An employee must not return to work prior to the end date indicated on their original medical certificate without first obtaining clearance from a medical practitioner. A new medical certificate is required.

☐ **Carer's Leave** From To Number of Days

☐ **Long Service Leave** From To Number of Days

An employee may cancel or vary their long service leave booking, with the approval of their supervisor. This form is used to cancel an existing leave booking. To vary leave date, another leave application (with new dates) is also required.

An employee who is sick during long service leave may request reversal of their long service leave booking. The illness must be for a period of at least five (5) consecutive days and a medical certificate must be provided. Personal leave will be booked accordingly.

☐ **Leave Without Pay** From To Number of Days

An employee will not normally be permitted to reverse their leave without pay booking. Consideration must be given to the arrangements made to replace the employee when the leave was originally approved.

☐ **Other Leave** From To Number of Days

Specify type of leave

For parental, adoption and maternity leave, please contact [Human Resources](#) to discuss changes to leave arrangements.

Signature and Authorisation

Employee _____
Name Signature Date

Supervisor _____
Name Signature Date

Band 5
For long service leave and leave without pay
[Who is this?](#) _____
Name Signature Date

HR Use Only

☐ Documentation ☐ Processed ☐ Copy to Payroll Processed by