

REQUEST FOR LEAVE FORM

Employee Name: _____

Company: _____

Bundy No: _____

Please circle your choice: -

ANNUAL LEAVE	SICK LEAVE	LONG SERVICE	OTHER
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FROM (First day of leave)

Date _____

Day _____

TO (Last day of leave)

Date _____

Day _____

Total Number of Leave days taken _____

If this is ANNUAL LEAVE for more than a fortnight do you want this paid:

Weekly or

Lump Sum?

If this is SICK LEAVE – you must provide a medical certificate

Attached yes/no

EMPLOYEE SIGNATURE: _____

DATE: _____

APPROVED BY: _____

DATE: _____