Date: ________________

Employee’s Name: __________________________________________________________

Department: ______________________________________________________________

Please tick type of leave required:

☐ Leave in Lieu
☐ Annual Leave
☐ Long Service Leave
☐ Leave without Pay

First Day of holiday: ________________ Last Day of holiday: ________________

Total No. of Day(s) requested: ______

Days of Leave: _____________

Public Holidays: _____________

Employee’s Signature: ___________________________ Date: ________________

Department Head’s Signature: ___________________________ Date: ________________

Payroll Use Only

Payroll Officer Signature: ___________________________  
Date: ________________