

Insert Logo Here

<Insert Business Name Here>

Leave Request Form

Employee's Details

First Name	_____	Employee Number	_____
Street Number	_____	Surname	_____
Suburb / State	_____	Street Name	_____
Phone (home)	_____	Postcode	_____
Email Address	_____	Phone (mobile)	_____

Leave Request Information

(Indicate type of leave requesting)

- Annual leave (full pay)
- Annual leave in advance
- Leave without pay
- Long service leave

Comments

Leave Commencement Date _____ Leave Completion Date _____
Total Number of Working Days on Leave _____
Last Date of Work _____ Return to Work Date _____

Comments

Employee Signature: _____ Date: / /

Office Use Only

Leave Approval Details

Approved

Not Approved

Reason for Refusal (if applicable)

Employee Notified Yes No

Date Notified: / /

Name of Manager / Supervisor

Signature of Manager / Supervisor

Date

