



STAFF LEAVE APPLICATION FORM

1. APPLICANT TO COMPLETE:

Name:

Department:

Period of Leave requested:

From (date):

To (date):

Total number of days:

(Please do not include Public Holidays, weekends or your non working days. Enter exact number of days that you intend to take)

Nature of leave: (please tick)

Annual Leave (approved by Principal)

Leave without Pay (approved by Principal)

Long Service Leave (1 full school term) (Approved by Principal)

Maternity/Paternity Leave (approved by Principal)

Personal/Carer's Leave (medical certificate compulsory for more than 2 consecutive days, immediately prior to or following a public or start/end of a term)

Bereavement Leave Relationship:

Special Leave (approved by Principal)

Signature of applicant:

Date:

2. Signature of Supervisor:

Date:

Authorised Not

Authorised

Notes:

3. Principal

Leave with pay is approved

Leave without pay is approved

Leave is not approved

Principal:

Date:

Checked by Bursar:

Date: