



Leave Application Form

Completed form to be authorised by Manager and forwarded to Payroll for processing. Incomplete form will be rejected.

Employee Name:

Payroll Number:

Team Name:

First Working Day of Leave:

Last Working Day of Leave:

Date Returning to Work:

Basis of Employment

If Part Time, Indicate Normal Days of Work

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Choose Type of Leave

Specify Number of Hours

Annual Leave

Annual Leave in Advance

Chief/CEO Approval Required

Personal Leave

Absences of 3 or more consecutive days for Personal Leave/
Carer's Leave must be supported by medical certification.

RDO

Time in Lieu

Leave Without Pay

Chief/CEO Approval Required

Domestic Violence

Other

Total Hours Requested:

Notes if Any:

If you are taking more than 3 working days leave and have use of a Council Vehicle in your role at the EMRC and wish to use it whilst on leave, you will need to complete a [Request to use Council Vehicle During Period of Leave form](#) to be authorised by the CEO.

Employee Signature:

Date:

Manager/Supervisor Name:

Manager/Supervisor Signature:

Date:

Chief/CEO

Date: