

# APPLICATION FOR LEAVE

**Note: ALL annual leave, long service leave (at full pay), personal leave and purchased leave must be booked and approved through HR Online.**

Staff Number: \_\_\_\_\_ Ext: \_\_\_\_\_  Full Time  Part Time

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Faculty/Office: \_\_\_\_\_ Department: \_\_\_\_\_

**LEAVE TYPES:**

For details of all leave types, please refer to section 4.1 of the Enterprise Agreement.

Staff may apply for any of the following leave types using this form:

- Leave Without Pay
- Long Service Leave @ Half Pay
- Parental / Partners Leave
- Jury / Witness Leave
- Defence Force Leave
- Emergency Services Leave
- Religious, Cultural and Ceremonial Leave

**LEAVE BOOKING OPTIONS:** (Select one box only)

My leave booking is **continuous** and made up of one or more **whole days** – complete **SECTION A**

My leave booking is **not continuous** or contains **part days** – complete **SECTION B**

**SECTION A** – For **continuous** leave bookings made up of **whole** days, complete the following:

Leave Type: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Total No. of Hours:** \_\_\_\_\_  
(Inclusive)

Leave Type: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Total No. of Hours:** \_\_\_\_\_  
(Inclusive)

**SECTION B** – For **non-continuous** leave bookings or **part-day** leave bookings, complete the following:

Note that the number of hours of leave each day cannot be greater than 7 hours, or your rostered hours.

Date of Leave		Hours	Leave Type
Thu	/ /		
Fri	/ /		
Sat	/ /		
Sun	/ /		
Mon	/ /		
Tue	/ /		
Wed	/ /		

Date of Leave		Hours	Leave Type
Thu	/ /		
Fri	/ /		
Sat	/ /		
Sun	/ /		
Mon	/ /		
Tue	/ /		
Wed	/ /		

**SUPPORTING DOCUMENTATION TO BE ATTACHED TO THIS FORM:**

- Parental / Partners Leave – medical certificate
- Defence Leave – Notice of Active Duty
- Jury / Witness Leave – summons + cashier’s receipt
- Emergency Services Leave – Letter from SES/RFS

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**HR USE ONLY:**

Processed/entered: \_\_\_\_\_ (inits) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Checked \_\_\_\_\_ (inits) \_\_\_\_ / \_\_\_\_ / \_\_\_\_