

## EMPLOYEE LEAVE FORM

Once you have completed this leave form please submit it to your manager for approval.

<b>NAME:</b>	<b>DATE OF APPLICATION:</b>
	Previous days taken/requested: _____ days
	This request for approval: _____ days
	(inclusive)
	Remaining (office to complete): _____ days
Family Responsibility Leave entitlement from "[Insert Period]": _____ days	
	Previous days taken/requested: _____ days
	This request for approval: _____ days
	(inclusive)
	Remaining (office to complete): _____ days
	Special Leave – Previous days taken/requested: _____ days
	This request for approval: _____ days
	(inclusive)
	Total number of Special leave days taken (office to complete): _____ days
	Comment/reason: _____
	Signature: _____ Date: _____
	APPROVED
Line Manager / Director:	Date: