

# Application for Leave - HCE

## Employee to Complete

Date of Application:

Employee Name:

Pay period ending date:

### Type of Leave Requested (tick box)

- Sick Leave/Personal Leave       Annual leave  
 Long Service leave       Unpaid leave       Maternity/Paternity  
 \*Compassionate leave - reason:

*\*An employee can only apply for this leave in case of life -threatening illness/injury or after the death of an immediate family member (e.g. - grandparents, parents, partners/spouses, siblings and grandchildren).*

Leave start date (first day of leave)	<input type="text"/>
Leave end date (last day of leave)	<input type="text"/>
Number of hours / days requested	<input type="text"/> hours <input type="text"/> days
Employee Signature: _____	

## Office Use Only

HR & Administration Manager /  Client Services Manager  
 Leave approved  
 Leave declined – reason   
 Signed: \_\_\_\_\_

**Payroll Officer to complete (Payroll System)**  
 Leave Record Updated (Initials): \_\_\_\_\_ Date Actioned: