



LEAVE APPLICATION FORM

Name:

Position:

LEAVE REQUESTS FOR APPROVAL BY BOARD

I am applying for _____ days leave consisting of the following:

(tick appropriate box)

- Annual Leave
- Sick Leave
- Bereavement
- Leave without Pay
- Parental
- Other (Unpaid) Please specify: _____

Leave Type	Start Date	Finish Date	Return to work Date	Actual Hours	Office Use
Annual					
Sick Leave					
Bereavement					
Leave without pay					
Parental					
Other (Unpaid)					

Applicants signature:

Date:

APPROVAL

	Name	Signature	Date
Board Member (1)			
Board Member (2)			

* A medical certificate may be required for sick leave totaling more than 2 days.

