**APPLICATION FOR LEAVE**

**NAME: …………………………………….**

**POSITION: …………………………………….**

**FIRST DATE ABSENT: ……/……/……**

**LAST DATE ABSENT: ……/……/……**

**TOTAL DAYS ASENT: ……………………**

**NATURE OF LEAVE: …………………………………….**

**REASON: …………………………………….**

(ANNUAL LEAVE / UNPAID LEAVE / ROSTERED DAY OFF)

**DATE: ……/……/……**

**APPROVED: YES/NO APPROVED BY: ………………………………**

*(Office use only)* (MUST BE SIGNED BY DARYELL OR SUE)

NB. Whilst every effort will be made to accommodate requests for Annual Leave, some dates may be subject to staffing requirements. Please submit requests at least (2) weeks in advance. Thank you.