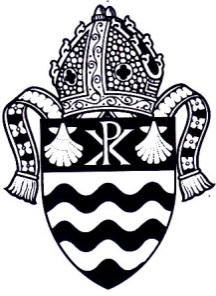
|  |
| --- |
| **Leave Request Form** [For all renumerated positions except for Incumbent Clergy] |
| **Name:** |
| **Parish/Location** |
| Employment Status 🔾 Full Time 🔾 Part Time 🔾 Casual |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Type of Leave** | | **Commencing date:** | **Return to work date:** | **Number of**  **Leave Days Taken**  **Note F/T Clergy positions are usually 6 days per week** |
|  | **Annual** | |  |  |  |
|  | **Personal (Sick)** | |  |  |  |
|  | **Family/Carer's** | |  |  |  |
|  | **Long Service** | |  |  |  |
|  | **Leave without pay** | |  |  |  |
|  | **Compassionate** | |  |  |  |
|  | **Study Leave** | |  |  |  |
|  | **Jury Service** | |  |  |  |
|  | **Community Service** | |  |  |  |
| **Total Days** | | | | |  |
|  |  |

(Please tick appropriate box/s and write in dates)

|  |
| --- |
| Are there public holidays during this leave? 🔾 No 🔾 Yes (If yes, please outline below)  Are there RDO’s during this leave? 🔾 No 🔾 Yes (If yes, please outline below) |

|  |
| --- |
| Applicant's Signature:*X*Date Requested :  Is leave approved? 🔾 Yes 🔾 No, advised leave was rejected and reason why  Supervisor’s Signature: Date Approved:  Supervisor’ Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETED FORM TO BE FORWARDED TO PAYROLL OFFICER