



APPLICATION for LEAVE

This form is to be filled in when any period of Annual Leave or Long Service Leave is taken, this includes set Intertwine holidays such as Christmas, Easter and mid-year holidays. Please do not include Public Holidays in the number of days required.

Name: _____, Program: _____

Annual Leave or **Long Service Leave** or **Leave without Pay** (please circle)

Leave required from ____/____/____ to ____/____/____ Number of Days ____

Reason for Request:

Intertwine break period: Yes No

Other: Yes No _____

I am aware that the leave period above will only be paid when I have enough accrued entitlements to cover (unless otherwise agreed with CEO).

Signature: _____ Date: ____/____/____

Recommended by Program Supervisor / Business Service Manager Yes No

Signature: _____ Date: ____/____/____

Approved by Chief Executive Officer: Yes No

Signature: _____ Date: ____/____/____