



Application for Leave form

Please complete this form to apply for leave.

The completion of this form is a request to take the identified leave(s) for the requested period. Your completed form should be given to the person in control of the workplace (eg manager/supervisor). The request should be made within a reasonable period of time before the leave commences so that there is sufficient time for the person in control of the workplace can consider the request and if necessary, arrange for a reallocation of duties or backfill during the leave period. Ideally, four (4) weeks' notice is preferred. If you have any queries, need help filling out this form or need to verify your leave balance, please contact payroll@ucaql.com.au.

Employee to complete

Personal details

First name:	Surname:
Department/section:	

Leave details

First date of absence:	Last date of absence:
Date of return to work:	
Total days absent: _____ days	Total hours absent: _____ hours

Type of leave

<input type="checkbox"/> Annual leave	<input type="checkbox"/> Sick leave (<i>medical certificate required if >2 days</i>)
<input type="checkbox"/> Family leave (<i>sick leave ent.</i>)	<input type="checkbox"/> Long service leave <input type="checkbox"/> Time off in lieu
<input type="checkbox"/> Bereavement leave (<i>family</i>)	<input type="checkbox"/> Maternity/Paternity leave (<i>unpaid</i>)
<input type="checkbox"/> Other —please specify:	<input type="text"/>

Insufficient leave

If insufficient leave is available, please indicate your next available leave preference. If no preference is given, unpaid leave will be allocated. An employee requesting to take annual leave before the employee has accrued an entitlement to the leave must complete an Annual Leave in Advance form.

<input type="checkbox"/> Annual leave	<input type="checkbox"/> Unpaid leave
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Payment preference

<input type="checkbox"/> Within normal pay	<input type="checkbox"/> Paid in advance
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Signature

<input type="text"/>	<input type="text"/>
Employee signature	Date

Supervisor/Manager to complete

Leave approved

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature

<input type="text"/>	<input type="text"/>
Supervisor/Manager signature	Date

<input type="text"/>	<input type="text"/>
Supervisor/Manager full name	Supervisor/Manager contact number