



LEAVE / ABSENCE ADVICE

NAME: _____ POSITION: _____

Paid Annual Leave

Unpaid Leave

Sick Leave Medical Certificate on Day 3 of illness required

Bereavement Leave Name of Deceased: _____

Relationship to Self: _____

(e.g. Maternal grandmother)

Accident Compensation Work Non Work

(If work related, copy of completed Accident Register form must be attached)

Other Absence Reason: _____

From (first day) _____ to (last day) _____

Total no. of work days - Paid: _____ Unpaid: _____

or

Total no. of hours - Paid: _____ Unpaid: _____

Signed: _____ Date: _____

(Employee)

Approved: _____ Date: _____

(Manager)