



LEAVE APPLICATION FORM

This form must be completed to notify the School Management of all absences.

> Absenteeism requests for more than 5 days must be submitted at least 2 months before the scheduled date.

> for between 1 and 5 days must be submitted at least 2 weeks before the scheduled date.

> for short term must be submitted at least 2 days prior to the date.

> for unexpected absenteeism this form must be submitted upon your return to the school.

Applications may be rejected if these procedures are not adhered to.

1. Staff Name: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Personal (Sick) / Carer's Leave | <input type="checkbox"/> Long Service Leave | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Compassionate Leave | <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Community Service Leave |
| | | <input type="checkbox"/> Special Leave |

Short Term Absences:

- | | |
|--------------------------|--|
| Date of leave: / / | <input type="checkbox"/> Whole day |
| / / | <input type="checkbox"/> Whole day |
| / / | <input type="checkbox"/> Between the hours of: _____ and _____ |

Reason for leave: _____

Long Term Absences: (please specify if the request is for unpaid leave)

- | | | |
|-------------------------------------|---------------------------------------|---------------|
| Last day at work: / / | Contact numbers (including overseas): | Home: _____ |
| First day return to work: / / | | Mobile: _____ |

Reason for leave: _____

Checklist:

- Activities/resources for replacement teacher provided? N/A (no cover is required)
- Provide a medical certificate when your personal/carer's leave is
 - two or more consecutive days,
 - attached to a public holiday, term holiday, or annual leave
- Provide your itinerary for overseas leave applications.

Sign: _____ **Date:** / /

2. Daily Organiser / Office Manager: Name: _____

- Approved Not approved

Reason for non-approval: _____

Date: / / Initials: _____

- Absentee record updated

3. Principal / Business Manager: Name: _____

- Approved Not approved Special Leave: Paid Unpaid

Reason for non-approval: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Personal (Sick) / Carer's Leave | <input type="checkbox"/> Long Service Leave | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Compassionate Leave | <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Community Service Leave |
| | | <input type="checkbox"/> Special Leave |

Date: / / Initials: _____