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**Staff Leave Application**

Make leave requests at least one month in advance. Do not make confirmed travel arrangements or assume leave will be granted until you have received confirmation that leave has been approved.

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| **DETAILS** | | | | |
| **Employee name:** | | | | |
| **Date from: Date to:** | | | | |
| **Total days/hours:** | | | | |
| **Cover required?** YES / NO | | | | |
| **TYPE OF LEAVE** | | | | |
|  | **Annual leave** | |  | **Training course** |
|  | **Sick leave** | |  | **Bereavement leave** |
|  | **Study leave** | |  | **Leave without pay** |
|  | **TOIL** | **TOIL accumulated:** | | |
|  |  | **TOIL requested:** | | |
| **Comments:** | | | | |
| **Employee signature:** | | | | **Date:** |
| **APPROVAL** | | | | |
|  | **Approved** | | | **Cover arranged?** YES / NO |
|  | **Not approved** | | | |
| **Manager’s signature:** | | | | **Date:** |