

# Leave Application

I,  wish to apply for

weeks, and or  days, and or  hours of

**Choose ONE**

Annual Leave

Sick Leave

Special Leave: Reason

Alternative/Lieu Leave

Unpaid Leave: Reason

Starting from

Ending on

Returning to work on

**I understand and agree that:**

if leave is overpaid, or paid in error, or is paid in advance of my legal entitlement, that any overpayment may be recovered from my wages, or by a debit against future entitlements, or by a refund to my employer

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**OFFICE USE ONLY**

Balance remaining  
from last anniversary

- Hours  
 Days  
 Weeks

Estimated balance  
to date

Leave requested

Leave to be paid

Approved

Declined

Employee advised

Date keyed

Pay clerk