

Annual Leave Request Form

Name:
Department:
Position:

Type of Leave:	Date from (inclusive)	Date to (inclusive)	Total work days requested
Accrued Annual Leave			
Leave Without Pay			
Bereavement Leave			
Study leave			
Long Service Leave			
Other Leave			
Total number of days			

Leave Entitlement	No of Days	Reviewed by Payroll
Total accrued annual leave (as per most recent pay slip)		
Additional annual leave accrual to date of commencement of leave. (see payroll for assistance if needed)		
Total Annual leave entitlement		

Arrangements to cover job role during leave period:

Approval	Signature	Date
Employee signature		
Head of Department		
HR and updated		
Payroll for processing		