

Personal/Carer's Leave Form

Name:
Department:
Position:
Date/s of Absence: From: To: <u>(inclusive)</u>
Number of days Absent:

Medical Certificate:

An employee must provide the Company with a medical certificate for any leave absences, unless advised otherwise.

Was a medical practitioner seen and a Certificate obtained: Yes / No

(Please attach certificate to this form)

Reason for Absence:

(Please provide a brief explanation other than "sick" or "ill")

Work:

Obtain details of work to be completed in employees absence

ACTION FOR HEAD OF DEPARTMENT

1. Speak with employee and obtain information required to complete this form. Inform employee if you require a medical certificate.
2. Advise by email all staff of employee's absence and allocate work
3. Submit this completed form to HR Department on employee's return to work.

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