

Employee Name: _____
 First Day of Leave: _____
 Last Day of Leave: _____
 First Day Back at Work: _____

Select how you want leave paid

- Paid Fortnightly (per roster)
 Paid as a Lump Sum

LEAVE TYPE (PLEASE TICK BOX)	NUMBER OF ROSTERED DAYS
<input type="checkbox"/> Annual Leave	_____
<input type="checkbox"/> Personal (Sick) / Carer's Leave	_____
<input type="checkbox"/> Compassionate Leave*	_____
<input type="checkbox"/> Leave without Pay	_____
<input type="checkbox"/> Time In Lue	_____
* Compassionate Leave Relationship _____	

NB. All Leave is paid for rostered days only

Employee Signature: _____ Date: _____
 Site Supervisor Signature: _____ Date: _____
 Client Approval (If required) _____ Date: _____
 Senior Manager Approval: _____ Date: _____

NB: Leave is not approved until the RSG Senior Manager has provided approval.

OFFICE USE ONLY	
ENTITLEMENTS ACCRUED	
Annual Leave Hours Available	_____
Personal Leave Hours Available	_____
Other	_____

COMMENTS:

