

## Staff Leave Form



**Centre Name:** \_\_\_\_\_

Leave is to be requested **ONE MONTH** prior to the required date.

All leave is to be pre-approved through the Nominated Supervisor and then the Management Team.

**Staff Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby request leave from:**

**First date of leave:** \_\_\_\_\_ **Last date of leave:** \_\_\_\_\_

**Date returning to work:** \_\_\_\_\_

**Number of working days:** \_\_\_\_\_ **Number of working hours:** \_\_\_\_\_

**Current Annual Leave Accrual in hour's** (This information comes from your latest payslip ) : \_\_\_\_\_

**Reason for Leave:**

\_\_\_\_\_  
\_\_\_\_\_

**Future Leave already booked and approved in hour's :**

\_\_\_\_\_  
\_\_\_\_\_

**Staff:** Please be aware that leave will be approved according to the needs of staff in the event that more than one person requires leave on the same day. Please also be aware that leave can also be cancelled for the above reason. *Leave will not be granted if **no leave is accrued**. Please DO NOT book your holidays until the leave is approved.*

**Staff Signature:** \_\_\_\_\_

\_\_\_\_\_

### *For Office Use Only*

**Nominated Supervisor Approval:** YES NO **Signature:** \_\_\_\_\_

**Management Approval:** YES NO **Signature:** \_\_\_\_\_

**Replacement Staff:** \_\_\_\_\_

**Comments:** \_\_\_\_\_