**THIS FORM IS FOR:**

**ALL STAFF TO INFORM MANAGERS/SUPERVISORS OF LEAVE And**

**CASUAL STAFF TO RECORD WHEN unAVAILABLE FOR WORK**

□ DAY ACTIVITIES □ SUPPORTED EMPLOYMENT □ ADMINISTRATION

□ SUPPORt Services □ SUPPORT COORDINATION □ OTHER

I, hereby apply for:

Please tick whichever **IS APPLICABLE** below:

|  |  |
| --- | --- |
| □ ANNUAL LEAVE | □ CASUAL STAFF UNAVAILABLE FOR WORK |
| □ PERSONAL LEAVE | □ TIME IN LIEU / RDO |
| □ LEAVE WITHOUT PAY | □ LONG SERVICE LEAVE |

**Date from**: **to**

**Number of workdays requested:**

Payroll instructions if relevant:

**Date returning / available to work**:

Signature:

 *(Applicant)*

***Please hand this form to your Manager***

**Office Use Only**

Authorised by:

 *(Name)*

Signature:

Relief staff member required: □ YES □ NO

Person’s leave/unavailability logged into Carelink by:

Date logged onto Carelink:

File in HR Office (leave requests folder): □ YES