



ITM

International Trade Management P/L

Leave Application

Doc No: HR12.1

Issue: 1

Date: 23/11/98

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EMPLOYEE: Surname and Initials.....

POSITION:-..... Date of Application.....

LEAVE TYPE

ANNUAL

LONG SERVICE

SICK

OTHER - Specify.....

First Day Of Leave

Last Day of leave

First Working Day Back

FULL TIME EMPLOYEES ONLY

Number of Working Days of Leave Required

Number of Public Holidays during leave

PART TIME EMPLOYEES ONLY

Number of Weeks of Leave

dates of public holidays during leave which are days normally worked

DO YOU REQUIRE YOUR PAY IN ADVANCE?

Yes

No

REASON FOR LEAVE

IS MEDICAL CERTIFICATE ATTACHED? [Sick or Maternity leave only]

Yes

No

Employee's SIGNATURE.....

When an overpayment is received as a result of a change to approved leave, I authorise the compensating adjustment which will be made in a subsequent pay period

MANAGER/DEPARTMENT HEAD -

SIGNATURE..... Date.....

Approved by:.....

Date: 13/07/99 Replaced Issue: N/A