

Leave Request Form



1300 345 857

Please email completed forms to victor@workplacetraffic.com.au or fax this form to (02) 9550 6954
We require at least Two weeks Prior for Annual Leave Dates where possible

Today's Date

Employee Full Name

Site Presently Working at

Employment Status:

Full Time

Permanent Part Time

CASUAL

Leave applying for (Indicate via Tick to Appropriate Box)

Annual Leave

Sick Leave / Bereavement Leave

Medical Certificate Attached

YES / NO

Carers Leave

Unpaid Leave

RDO's

1st Day of Leave Date

Last Day of Leave Date

Return to Work Date

Total No. of Leave Days

Requested RDO Payouts Hrs

Reason For Leave

I, the employee of Workplace Traffic P/L agree that the above is true & correct

Signature

Office Approval

Leave Approved

Leave Denied

Signature