

# APPLICATION FOR LEAVE

Name: \_\_\_\_\_

	Annual Leave	Unpaid Leave	Lieu Days	Sick Leave	Bereavement Leave
No days requested:					

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Accrued Lieu Time:	Date:	Event

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Administration

	<b>Annual Leave</b>	<b>Lieu Time</b>	<b>Sick Leave</b>
Opening Balance			
Leave Taken			
Closing Balance			