



Leave Application Form

Uniting Church in Australia – Presbytery and Synod of South Australia
ABN 25 068 897 781

Employee Name: _____

Employee Number: _____

All personal information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy.

Type of Leave	Dates	Leave Hours Taken
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Annual Leave	to	
	to	

(Exclude Public Holidays and Weekends from leave hours taken)

Sick/Carers Leave	to	
	to	

(Exclude Public Holidays and Weekends from leave hours taken)

(Medical Certificate required if absent for 2 or more days)

Medical Certificate attached? YES / NO (please circle)

Long Service Leave	to	
<i>(Two week blocks)</i>		

Leave without Pay	to	
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Study Leave	to	
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Other Leave	to	
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If 'other leave', please supply details:

EMPLOYEE SIGNATURE: _____ **Date:** _____

APPROVAL SIGNATURE: _____ **Date:** _____
(Supervisor/Team Leader)

Application Processed by
Payroll Officer: _____ **Date:** _____