Application for Leave in Advance

Name _____ Position _____

Type of Leave Requested (please circle)

Annual Sick Bereavement/Tangihanga Parental Court Special Purpose*

* includes domestic leave

Duration

Number of days requested ☐

Start date _____

End date _____

☐ Leave with Pay

☐ Leave without Pay

Please give a brief outline of your request.
Relievers are to be arranged in consultation with the Management Team after approval is granted. Have you discussed your request with your Team?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signed _____ (Staff Member)

Date _____

Approved _____ (Association Manager)

Date _____

Office Use Only

LWOP LWP

AM _____
ST _____
FO _____

Comments_____

_____