



# EMPLOYEE APPLICATION FOR LEAVE & ABSENCE

Is this a change to an existing form?  Yes  No      Employee Number (Office use only):

Name (PRINT First Name and Surname):		Site:	Contact Telephone N <sup>o</sup> :
First day on Leave:	Last day on Leave:	Number of work days during your leave as indicated below:	

<input type="checkbox"/> Annual	<input type="checkbox"/> Personal / Sick	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Worker's Comp.
<input type="checkbox"/> Income Protection	<input type="checkbox"/> Unauthorised	<input type="checkbox"/> Other:	
<input type="checkbox"/> Leave <b>with</b> Pay	<input type="checkbox"/> Leave <b>without</b> pay		

**IMPORTANT:** Please enter your rostered shifts below.

<p><b>PLEASE NOTE</b> Please indicate with: "A" for Afternoon shift "D" for Day shift "N" for Night shift the days on which you would have normally been rostered on to work during your leave of absence.</p>	Pay Week Ending Date (Saturdays)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Employee's Signature:			Date:
Mastermyne Group Representative:	Position/Title:	Signature:	Date:
Client 1 - Name:	Position/Title:	Signature:	Date:
Client 2 - Name:	Position/Title:	Signature:	Date:
Client 3 - Name:	Position/Title:	Signature:	Date:
Client 4 - Name:	Position/Title:	Signature:	Date:
<input type="checkbox"/> Entered onto Roster	Hours Accrued:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments:			

**\*\*\* Office Use Only \*\*\***
