



EMPLOYEE APPLICATION FOR LEAVE & ABSENCE

Is this a change to an existing form? Yes No

Employee Number: >

Name (PRINT First Name and Surname): >		Site: >	Contact Telephone N ^o : >
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"/> Unpaid	<input type="checkbox"/> Other: >

*** Site Administration Use Only ***
<input type="checkbox"/> Leave without pay (ie. No Timesheet)

IMPORTANT: Please enter your rostered shifts below.

PLEASE NOTE 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.	Pay Week Ending Date (Saturdays)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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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:		
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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 ***	
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