**LEAVE APPLICATION AND ABSENCE RECORD**

|  |  |
| --- | --- |
| Employee’s orParticipant’s Name: |  |
| Position:  | Department:  |
| **Request for Leave:** |  |
| **❑** | With Pay\* | **❑** | Without Pay |  |
| \*(only paid if you have accrued entitlements) |  |
| **Type of Leave or Absence Request:** (please tick) |  |
| **❑** | Sick/Personal | **❑** | Annual | **❑** | Compassionate |  |  |
| **Reason for Absence:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Leave from Date: |  | Leave to Date: |  |
| Return on Date: |  |  |  |
| Number of Working Days: |  |  |
| Number of Public Holidays: |  | Total Number of Days Taken: |  |
| **Sick / Personal / Other:** | Medical Certificate Attached? | YES / NO |  |
| If No, please give reason |  |
| Employee/Participant/Carer Signature: |  Date: |
| APPROVAL OF LEAVE:  |  |
| Annual Leave over 3 days will need approval from DAPA  |  |
| Leave Approved | YES / NO |
| Any Comments: |  |
| DAPA Management Signature |  Date:  |