**LEAVE APPLICATION AND ABSENCE RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s or  Participant’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: | | | | | | | | | | |