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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: _____