



BLH Group of Companies LEAVE APPLICATION FORM

BLH-COR-FRM-0008

PERSONAL DETAILS

[Surname]:	[Given Name]:
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Indicate your work scheme:	Please <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Permanent <input type="checkbox"/> Part Time <input type="checkbox"/> 38 Hour Week <input type="checkbox"/> 40 Hour Week <input type="checkbox"/> Salary <input type="checkbox"/>
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POSITION TITLE:

DETAILS OF LEAVE

DATE OF <u>FIRST</u> DAY OF LEAVE	Day	Month	Year
DATE OF <u>LAST</u> DAY OF LEAVE	Day	Month	Year

TOTAL AMOUNT OF LEAVE REQUESTED	<u>Days:</u>	<u>Hours:</u>
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PLEASE INDICATE LEAVE TYPE: ANNUAL LEAVE SICK LEAVE OTHER _____

LIST ANY PUBLIC HOLIDAYS THAT FALL WITHIN THE PERIOD OF LEAVE: _____

PAYMENT DETAILS

NOTE: To receive your leave request or wage in advance, this form must be received by Personnel staff at least four weeks prior to the first day of leave. If an advance is not required, the leave will be paid in the pay period in which it falls.

IS PREPAYMENT REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/> (If this question is not completed , prepayment will NOT be processed.)
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APPROVAL AUTHORITY

	Signature	Date
Applicant	_____	_____
Supervisor/Manager	_____	_____
Director/Area Manager	_____	_____

Approved Yes No * If **No**, why? _____

Applicant notified Yes No

OFFICE USE ONLY

<u>Leave details entered Axiom</u>	Date entered:	Responsible Person:
<u>Leave details entered Payroll</u>	Date entered:	Responsible Person: