INTEPEOPLE
HUMAN RESOURCE CONSULTANTS

Full name: _____

Client/Company: _____

Manager: _____

Date of first working date absent _____/_____/_____

Date of last working date absent _____/_____/_____

Date returning to work _____/_____/_____

TYPE OF LEAVE	# OF DAYS				
Annual Leave					
Sick Leave (Special)		❒	Self	❒ Domestic	
ACC		❒	Work related	❒ Non work related	*ACC documents attached*
Bereavement					
LWOP					
Other Leave					
TOTAL					

I understand and agree, if I leave employment before my anniversary date, or the date of entitlement to such leave, any leave taken in advance of entitlement will be deducted from my final pay.

_____ _____/_____/_____

SIGNATURE **DATE**

MANAGER APPROVAL

❒ Leave approved
❒ Leave declined and employee advised
❒ Relief staff required (Temps only)

_____ _____ _____/_____/_____

AUTHORISED NAME **SIGNATURE** **DATE**

PAYROLL PROCESSING