



INTEPEOPLE™
YOUR PEOPLE & CULTURE PARTNERS

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		<input type="checkbox"/> Self <input type="checkbox"/> Domestic
ACC		<input type="checkbox"/> Work related <input type="checkbox"/> Non work related ACC documents attached
Bereavement		
LWOP		
Other Leave (Special)		
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

APPROVAL

- ☐ Leave approved
- ☐ Leave declined and employee advised
- ☐ Relief staff required

AUTHORISED NAME

SIGNATURE

_____/_____/_____
DATE

PAYROLL PROCESSING