

Attachment C – Leave Form



ANGLICAN DIOCESAN
SERVICES

LEAVE APPLICATION FORM

EMPLOYEE NAME: _____

PARISH: _____

LEAVE TYPE

- Sick Medical Certificate Yes / No
- Carers Medical Certificate Yes / No
- Compassionate
- Other
- Long Service Leave
- Annual Leave
- Study Leave
- Maternity Leave/Parental Leave
- Leave Without Pay

Reason for / details of leave

PERIOD OF ABSENCE

TOTAL NUMBER OF HOURS

From ___/___/___ To ___/___/___
(Dates are inclusive) _____

Signature of Applicant _____ Date ___/___/___

To be completed by authorised person only

AUTHORISATION

Authorised Signature _____ Date ___/___/___