



ANGLICAN DIOCESAN
SERVICES

LEAVE APPLICATION FORM

NAME: _____

PARISH / AGENCY / LOCATION: _____

LEAVE TYPE

- | | | | |
|--------------------------|--------------------------------|---------------------|----------|
| <input type="checkbox"/> | Sick | Medical Certificate | Yes / No |
| <input type="checkbox"/> | Carers | Medical Certificate | Yes / No |
| <input type="checkbox"/> | Compassionate | | |
| <input type="checkbox"/> | Other | | |
| <input type="checkbox"/> | Long Service Leave | | |
| <input type="checkbox"/> | Annual Leave | | |
| <input type="checkbox"/> | Study Leave | | |
| <input type="checkbox"/> | Maternity Leave/Parental Leave | | |
| <input type="checkbox"/> | Leave Without Pay | | |

Reason for / details of leave

PERIOD OF ABSENCE

From ____/____/____ To ____/____/____
(Dates are inclusive)

TOTAL NUMBER OF HOURS

Signature of Applicant _____

Date ____/____/____

To be completed by authorised person only

AUTHORISATION

Authorised Signature _____

Date ____/____/____