

Unit 4/56 Charles Street
Aitkenvale Qld 4814
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LEAVE FORM

Name:.....

Date:.....

I hereby make application for leave for:

Annual Leave

Sick Leave

Toil Leave

Family Leave

Unpaid Leave

Last Working Day Prior to Holidays:

First Day Back at Work:

Holiday Entitlement to Date:

Toil Entitlement to Date:

Employee's Signature:

Approved by:

Signed.....Date.....

