

<b>Employee Name:</b>	<b>Date:</b>
<b>Department: Public Relations</b>	<b>Position:</b>

## Appendix I

<b>Leave requested:</b>	<input checked="checked" type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Unpaid Leave (please specify) <input type="checkbox"/> Other Leave please specify: (Long Service, Parental, Study, Bereavement, etc)
<b>Reason for unpaid or special Leave:</b>	
<b>Dates for Leave:</b>	
Commence Leave on: _____	Number of Days off: _____
Last Day of Leave: _____	Less Public Holidays: _____
	Total Days' Leave Required: _____
<b>Attached:</b>	
<input type="checkbox"/> Doctor's certificate <input type="checkbox"/> Other support documentation, please specify:	

<b>Management to authorise</b>	
Approved by: _____	Date: _____