



## STAFF LEAVE FORM

### Support for Women and Children International (SFWACI)

#### *Employee's Details*

<b>Name</b>		<b>Volunteer</b>	<b>Casual</b>
<b>Site Location</b>		<b>Permanent Part Time</b>	<b>Full Time</b>
<b>Period of Leave</b>			
Start date of leave: _____		End date of leave: _____	
Total days of leave: _____			

#### *Leave Details*

Annual Leave:	Total Hours: _____ to be claimed for Annual leave As per Agreed pattern of work		
Sick Leave:	Total Hours: _____ For more than two days a medical certificate is required and presented to the C.E.O. or Vice President or attached with this application.		
Unpaid Parental Leave :	Maternity Leave	Paternity Leave	Adoption Leave
	Family Leave	Looking after children	Medical Certificate    Y    N
Compassionate Leave:	(Please indicate the reason of the leave, in notes to payroll)		
Leave Without Pay :	(Please indicate in notes to payroll the reason of the leave, e.g. unpaid sick leave or unpaid annual leave etc.)		
<b>Notes For Payroll:</b>			

Signature of employee \_\_\_\_\_ Date of application \_\_\_\_\_

#### **Leave Approval: CEO or Vice President to Complete**

*(Remember leave can not be taken unless the Recommendation or the Approval of the C.E.O or Vice President is acquired.)*

Leave approval outcome:	Yes    No    (Reason for refusal) _____
	CEO or Vice President Full Name: _____ Signature: _____ Date: _____

#### **Notes:**

- All leave must be within the provisions of the Support For Women And Children International (SFWACI) Enterprise agreement.
- All leave will be paid in the normal pay cycle.
- Personal leave and unpaid leave form including documents must be submitted to payroll by Monday 10am of pay week.
- All applications must be submitted 4 Weeks in advance.