|  |  |
| --- | --- |
| Name (in full) |       |
| Position Title |       | Location |       |
| Department/Program/Division |       |
| Start Date(First day of leave) |      /     /      |
| Finish Date(Last day of leave) |      /     /      |
| Number of Hours of Leave requested |       | To be processed over double duration at half pay? |  [ ]   | Yes |
|  [ ]  | No |

NOTE: If submitting a hard copy timesheet please ensure leave is noted on it. Do not enter into online Preceda timesheet

|  |
| --- |
| Please provide any available information to support your application: |
|       |
| Employee Signature |  |
| Date |      /     /      |
|  |
| CEO Signature  |  |
| Days/Hours Approved |        |
| Comments |       |
| Date |       /       /       |

**NOTE**: Approved leave application to be emailed to payroll@**yourtown**.com.au and the employee.