

**INTERCHANGE OUTER EAST
LEAVE APPLICATION**

EMPLOYEE NAME _____ POSITION _____

LEAVE PERIOD: FROM ____ / ____ / 201__ TO ____ / ____ / 201__ (Enter leave dates)

UTILIZE TIME IN LIEU NO YES If Yes FROM ____ / ____ / 201__ TO ____ / ____ / 201__

TYPE OF LEAVE - ANNUAL LEAVE _____ - OTHER _____ - MATERNITY/PATERNITY
 - SICK (PROVIDE MEDICAL CERTIFICATE) - LONG SERVICE - STUDY

EMPLOYEE SIGNATURE: _____ DATE ____ / ____ / 201__ (PROVIDE COURSE DETAILS)

SUPERVISOR SIGNATURE: _____ DATE ____ / ____ / 201__

Supervisors Note: Prior to approving leave, ensure employee has sufficient leave entitlements.

'PAYROLL USE'		'DEDUCTIONS'	
Timesheet Received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hrs of TIL used: _____	Hrs of leave entitlements used: _____
Public Holidays during leave:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total Hrs used: _____	Opening Balance: _____
If sick leave, medical cert. attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Closing Balance: _____
Entered on Leave Database:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Break up of leave entitlements deducted over more than one pay period:</i>	
Comments:	_____	Hrs deducted: _____	Beg. pay period: ____ / ____ / 201__
	_____	Hrs deducted: _____	Beg. pay period: ____ / ____ / 201__

Detach and return to applicant

To _____, your leave application for period: _____ to _____
 Has been approved / not approved – see your supervisor if you have any queries.

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