

Australian Alpine Training Institute Leave Request Form

Personal Details:

Employee Number	Family Name	First Name
Position Title	Status	Pay Frequency

Type of Leave (please tick appropriate box):

<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Sick Leave with certificate	<input type="checkbox"/> Sick Leave without certificate	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Leave without pay	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Family Leave	<input type="checkbox"/> Other (explain)

Dates of Leave:

From (First working day absent)	To (Last working day absent)	Number of Public Holiday(s) during leave	Actual number of working days during leave

I certify that I wish to request the above leave and have the appropriate pay period adjusted as per request.

Employee signature	Date
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Manager's approval:

Immediate Managers name	Signature	Date
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Managers Comments:

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments
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