



Please indicate the relevant agency below:

- DOE  DTWD  DES  CC  CHA  IPS

District/Directorate: \_\_\_\_\_

Id No.	Scanning Code:	Effective Date:
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## APPLICATION FOR LEAVE – All Employees

PeopleSoft Site? YES  NO  Worksite: \_\_\_\_\_ Worksite/Dept Code: \_\_\_\_\_

### 1. EMPLOYEE DETAILS

SURNAME (BLOCK LETTERS) \_\_\_\_\_ OTHER NAMES \_\_\_\_\_ ID NUMBER \_\_\_\_\_ RECORD # \_\_\_\_\_ POSITION \_\_\_\_\_  
 Write in space above

### 2. DETAILS OF LEAVE

Plan Type: \_\_\_\_\_ PLEASE  appropriate box

Government, Ministerial, Public Service & Others	Teaching Staff Only	All Employees
<b>Personal Leave **</b> <input type="checkbox"/> Sick <input type="checkbox"/> Carers <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned  <small>**Where applicable, evidence is to be outlined at Section 6 of this form.</small>	<input type="checkbox"/> Sick <small>Attach Medical Certificate if applicable</small> <input type="checkbox"/> Family Carers Leave <input type="checkbox"/> Short Leave <input type="checkbox"/> Remote Teaching Service Leave <input type="checkbox"/> Incoming Exchange Teacher <small>Attach Supporting Documentation if required</small>	<input type="checkbox"/> Annual <input type="checkbox"/> Long Service Leave <input type="checkbox"/> Miscellaneous Unpaid <input type="checkbox"/> Miscellaneous Paid <input type="checkbox"/> North West Annual <input type="checkbox"/> Self Funded Leave/DSS <input type="checkbox"/> Absent Without Leave
<input type="checkbox"/> Children's Services Annual Leave		

Absence Type: \_\_\_\_\_ (\*Essential - Please complete for Miscellaneous paid and Miscellaneous unpaid and Self Funded Leave/DSS)

### 3. DETAILS OF ABSENCE DURATION (Use Days only)

Begin Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Work Schedule Days: \_\_\_\_\_ days  Credit Days Paid: \_\_\_\_\_ days   
Actual rostered time (days) of leave (For Sick Half Pay, Annual, LSL, RTS, NW Ann, CS Ann)  
 Number of increased/reduced days requested for payment during absence (Max Full Time)

### 4. LEAVE PAYMENT DETAILS

Pay in Advance? Yes  No   
(Annual Leave, DSS, LSL, RTS, NW Ann, CS Ann only)  
 If yes, please  one box for Pay In Advance Option Required:  
 PRF PIA Pay Prior Lve/Rtn Full Pay  ORF PIA Pay of Lve/Rtn Full Pay  
(Not all Leave advanced) (Not all Leave advanced)

### 5. EMPLOYEE SIGNATURE

Signature: \_\_\_\_\_ Work Tel. \_\_\_\_\_ Date \_\_\_\_\_

### 6. MANAGER USE ONLY

Evidence provided (Comment) \_\_\_\_\_

Leave Approved? Yes  No

If Approved and Acting Higher Level please  one:  
 Acting Salary Step  Base Salary Step

(Refer to relevant Agreement on Acting Higher Levels)  
 If Leave not approved, give reason: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manager's Name: \_\_\_\_\_ Manager's ID Number: \_\_\_\_\_

### 7. ETSSC USE ONLY

Date: \_\_\_\_\_ Signature: \_\_\_\_\_