|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:payroll@yourtown.com.au) and the employee.