

APPLICATION FOR LEAVE

NAME: ALPHA CODE:
 (Please list all your clients on the reverse of this page)

DATE:

I wish to apply for leave as follows:

From: To: No. of Work Days:

Return to work on:

(Please tick appropriate box)

Annual Leave: Special/Sick: Maternity:
 Leave Without Pay: Alternative (Lieu): Bereavement:

Signed: (Careworker) Date:

Approved By: (Co-ordinator) Date:

Date Confirmed:

For Office Use Only

Comments:

	Annual Leave	Special Leave	Alternative Days
Balance available			
Used in pay periodto.....			
Used in pay periodto.....			
Balance carried forward			

