



Multipurpose Leave Form

Human Resource Services

PART A: TO BE COMPLETED BY THE EMPLOYEE

Employee Details

Employee No: _____ School/Directorate: _____ Discipline/OrgUnit: _____
Surname: _____ Given Names: _____
Position Title: _____ Ext: _____ Email: _____

Part-time staff only: Are you requesting leave for more than one position? Yes No
(please complete a separate leave form for each position, ensuring that all relevant Authorising Officers have signed)

Leave Details

I hereby apply for _____ leave. *Dates booked should be first and last working days of leave*

Leave Type

Leave Start Date: _____ to Leave End Date: _____

*** Please provide an explanation for Sick Leave or Family and Community Leave**

Additional information attached? Yes No

(Health certificate for Sick or Family & Community Leave; a death notice or obituary for Bereavement Leave; WorkCover Certificate for Worker's Compensation; exam timetable for Examination Leave)

Employee Signature: _____

Date: _____

PART B: SUPERVISOR APPROVAL

I hereby certify that approval of this leave complies with University policy.

Supervisor Name

Supervisor Signature

Date

For Leave Without Pay – Approved (Head of Cost Centre)

Name

Signature

Date

For Leave Without Pay over 12 months – Approved (Vice-Chancellor)

Vice Chancellor Signature

Date