

APPLICATION FOR LEAVE

TYPE OF LEAVE

☐ Annual Leave	☐ Aust Defence Force Leave	☐ Jury Duty	☐ SES Leave
☐ Long Service Leave	☐ Sick Leave	☐ Leave Without Pay	

On Authorization please forward this from to Payroll@hth.com.au

EMPLOYEE DETAILS

EMPLOYEE NAME		POSITION	EMPLOYEE ID NO
LOCATION NAME		EMPLOYMENT TYPE Full-time ☐ Part-time ☐ Casual ☐	
REGION/DIVISION	LOCATION NO. OR COST CENTRE	PAY FREQUENCY Weekly ☐ Fortnightly ☐ Monthly ☐	

DATES OF LEAVE

TYPE OF LEAVE		FIRST WORKING DATE OF LEAVE	LAST WORKING DATE OF LEAVE	TOTAL NO. OF WORKING DAYS ON LEAVE (excluding public holidays)	DATE RETURNING TO WORK
TYPE OF LEAVE		FIRST WORKING DATE OF LEAVE	LAST WORKING DATE OF LEAVE	TOTAL NO. OF WORKING DAYS ON LEAVE (excluding public holidays)	DATE RETURNING TO WORK

ROSTER DETAILS

		MON	TUE	WED	THURS	FRI	SAT	SUN	TOTAL
	HOURS ON WEEK								
	HOURS ON WEEK								

LOADINGS - ANNUAL LEAVE ONLY (IF APPLICABLE - REFER TO AWARD) Please specify any loadings applicable to the above weekly roster, OR where less than one week is taken, the hours applicable to the part week taken.	HOURS	%	PUBLIC HOLIDAYS Please specify any Public Holidays that fall during the period of leave.	PUBLIC HOLIDAY	HOURS	%

AUTHORISATION

EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE
LINE MANAGER'S NAME	LINE MANAGER'S SIGNATURE	DATE AUTHORISED
MANAGER'S NAME	MANAGER'S SIGNATURE	DATE AUTHORISED