SOUTHERN CROSS LEAVE APPLICATION FORM

Employees name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of leave (Please tick):

Annual

Sick (Please attach the appropriate certification)

Maternity

Bereavement

Time in lieu

Other

Period of leave:

Leave requested from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of days: \_\_\_\_\_\_

Returning date to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client approval:

Client approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave policy:

* Southern Cross employees requesting leave must have permission from the client and Southern Cross before taking time off.
* Accumulated holiday pay must be utilized before leave without pay is taken.
* Leave must be applied for and approved preferably one month before taking the time off.

Office use only:

Leave approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave approved with modification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unapproved for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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