

**Staff Leave Application**

Application for annual leave of more than 2 days should be made no later than 6 weeks beforehand and, wherever possible, with as much notice as you can supply. We understand that special leave may be required on short notice.

We appreciate that some flexibility is needed in order to create a good life/work balance, but the practice management must ensure that adequate staff cover is available. Your absence will need to be covered to ensure that there is no gap in work flows.

It is expected that you will not confirm travel arrangements prior to confirmation that leave has been granted. Any expense incurred through a requirement to alter arrangements made prior to leave agreement is the responsibility of the employee/contractor.

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| SECTION A |  |
| Employee name |  |
| First date of absence |  |
| Date returning to work |  |
| Total number of leave days requested |  |
| Arrangements for staff cover |  |

|  |  |
| --- | --- |
| SECTION B |  |
| Type of leave / absence (tick one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Annual Leave |  | Sick Leave |
|  |  |  |  |
|  | Study Leave / CME |  | Other leave (please specify) |
|  |  |  |  |
| Comments: |

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| All leave must be approved by: Nurses: Nurse Manager, Administrators: Snr Administrator, All other staff – Practice Manager |

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval will be confirmed within 7 days by the Practice Manager.**

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| *For office use only:* |
|  | *Rosters updated* |  | *Ezytime approved* |  |

