



LEAVEAPPLICATION FORM

I am a: ☐ Full Time Employee ☐ Part Time Employee My Field Officer is

Employee Name (Please Print) Employee Code

Last Day Of Work First Day Back At Work

PAYMENT OPTIONS

(Please select only one of the following)

☐

Prior To Leave (Leave form must be submitted to payroll a minimum of 2 weeks prior to leave commencing)

Note - Minimum of one weeks annual leave applicable for advance pay request.

☐

During Leave

Annual leave will be paid to you week by week as per your normal pay whilst you are on leave.

Submit – rmstimesheets@megt.com.au - ensure field officer is aware of leave

LEAVEAPPLIED FOR (Included number of Days or Hours – Circle Relevant)

Annual Leave	<input type="checkbox"/> days/hours	Public Holiday	<input type="checkbox"/> days/hours
Sick Leave	<input type="checkbox"/> days/hours - <i>if insufficient balance or a medical certificate is required and not supplied, please advise what to pay</i>	Jury Duty	<input type="checkbox"/> days/hours
Rostered Day Off (RDO)	<input type="checkbox"/> days/hours	Unpaid Leave	<input type="checkbox"/> days/hours <i>must have approval, accrued leave balances should be used first</i>
Carer's Leave	<input type="checkbox"/> days/hours	Other Leave	<input type="checkbox"/> days/hours
Compassionate Leave	<input type="checkbox"/> days/hours (Relationship to you) <input type="text"/>		

Employee Signature

Today's Date

HOSTEMPLOYERAUTHORISATION

(Annual leave will not be processed without the completed authorization below)

Host Business Name
(Please Print)

Contact Number

Host Employer
Signature

Today's Date

PAYROLLOFFICEUSEONLY

Week Ending

Timesheet No.

Date Processed

Week Ending

Timesheet No.

Date Processed

Week Ending

Timesheet No.

Date Processed

Week Ending

Timesheet No.

Date Processed