

Leave Application Form

Employee Leave Request
Template Version 1.0 | June 2026

Notice Requirement

Please submit leave requests as early as possible. Annual leave typically requires at least 4 weeks notice. Personal/sick leave may be taken with less notice but requires supporting evidence for absences over 2 days.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Manager / Supervisor Name *

Date of Application *

Section 2: Type of Leave Requested

Please select the type of leave you are applying for:

- ☐ Annual leave (holiday)
- ☐ Personal / carer's leave (sick leave)
- ☐ Long service leave
- ☐ Parental leave - primary carer
- ☐ Parental leave - secondary carer
- ☐ Compassionate / bereavement leave
- ☐ Family and domestic violence leave
- ☐ Community service leave (jury duty, emergency services)
- ☐ Study leave
- ☐ Leave without pay
- ☐ Time in lieu
- ☐ Public holiday substitution

☐ Other (please specify below)

If other, please specify:

Section 3: Leave Period

Leave Start Date *

Leave End Date *

First Day Back at Work *

Total Working Days Requested *

Is this full days or part days?

☐ Full days

☐ Part day(s) - specify hours below

If part day, hours per day

Total hours requested

Current Annual Leave Balance

After this request

Current Personal Leave Balance

After this request

Current LSL Balance

After this request

Time in Lieu Balance

After this request

Section 5: Reason for Leave

Please provide details about your leave request (optional for annual leave, required for some other leave types):

Section 6: Contact During Leave

Contact Phone Number (optional)

Emergency Contact Name and Number

Are you available to be contacted during leave?

- ☐ Yes - for urgent matters only
- ☐ No - I will not be contactable

Section 7: Work Handover / Coverage

How will your duties be covered during your absence?

- ☐ Colleague covering - name below
- ☐ Manager will cover / redistribute
- ☐ Work can wait until I return
- ☐ Handover notes prepared
- ☐ Out of office message set up
- ☐ Other arrangement

Colleague covering your duties (if applicable)

Handover notes / critical tasks during absence:

Section 8: Supporting Documentation

Please indicate any documentation attached:

- ☐ Medical certificate (required for personal leave over 2 consecutive days)
- ☐ Statutory declaration
- ☐ Jury duty summons
- ☐ Emergency services documentation
- ☐ Death certificate / funeral notice (compassionate leave)
- ☐ Study enrollment confirmation
- ☐ Other supporting documentation

☐ Not applicable / none required

Document reference / attachment list:

Section 9: Annual Leave Loading (if applicable)

Do you want annual leave loading paid with this leave?

- ☐ Yes - pay leave loading now
- ☐ No - accumulate loading for later
- ☐ Not applicable / no leave loading entitlement

Section 10: Employee Declaration

- I confirm that the information provided in this application is true and accurate.
- I understand that leave is subject to approval based on operational requirements.
- I agree to provide supporting documentation where required.
- I will arrange appropriate handover of my duties before commencing leave.
- I understand that taking leave without approval may result in disciplinary action.

Employee Signature

Signature: _____

Date: _____

Section 11: Manager Approval

Decision:

- ☐ Approved
- ☐ Approved with modifications (see notes)
- ☐ Declined
- ☐ Pending - insufficient leave balance
- ☐ Pending - documentation required

Manager notes / reason for decision:

Operational Considerations

- ☐ Adequate coverage confirmed
- ☐ No clash with critical business periods
- ☐ Leave balance verified
- ☐ Supporting documentation sighted (if required)

Manager Signature

Manager Name: _____

Signature: _____

Date: _____

Section 12: Payroll / HR Processing

Date Processed

Processed By

- ☐ Leave recorded in system
- ☐ Roster updated
- ☐ Payroll notified

Reference Number

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