



# LEAVE APPLICATION FORM

## STAFF DETAILS

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Position \_\_\_\_\_

## TYPE OF LEAVE

Please tick the appropriate box(es). When more than one type of leave is applied for, please specify in the additional comments section, the dates of each type of leave.

- Annual Leave       Long Service Leave       Ministry  
 Sick Leave       Unpaid Leave       Other Leave - please specify (Jury Duty, Bereavement, Special, etc)

Reason for Unpaid or Special Leave:  
 \_\_\_\_\_

## PERIOD OF LEAVE

Leave Period: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 First day / Date back at work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Number of Working Days off (exc Public Holidays): \_\_\_\_\_

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

## CONFERENCE / SEMINAR

If you are attending a conference or seminar, please give details (e.g. Name, Cost to the Church (attach invoices), whether you are attending for professional or personal development, benefit to Centrepoint Church, etc.

\_\_\_\_\_  
 \_\_\_\_\_

## APPLICANT SIGNATURE

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SUPERVISOR / DEPARTMENT LEADER

Name & Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EXECUTIVE MINISTER'S APPROVAL

Name & Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OFFICE USE

Present Entitlement @ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = \_\_\_\_\_ days  
 Less Requested Days \_\_\_\_\_ = Leave Remaining: \_\_\_\_\_ days  
 Recorded in MYOB by: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_