



**NATIONAL INSULATION
PTY. LTD.**

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APPLICATION FOR LEAVE

Please use BLOCK LETTERS

SURNAME: EMPLOYEE No:

GIVEN NAMES: DEPARTMENT:

TYPE OF LEAVE: NUMBER OF WORKING DAYS/HOURS:

- Annual leave From (first day off)/...../..... to (last day off)/...../.....

Annual Leave Days		
Public Holiday Days		
RDO'S		

- Sick Leave From (first day off)/...../..... to (last day off)/...../.....

- Certificate Attached Nature of Illness:

- Leave Without Pay: From (first day off)/...../..... to (last day off)/...../.....

Reason For Leave:

- Other Leave From (first day off)/...../..... to (last day off)/...../.....

(type) Reason For Leave:

Signature of Applicant: Date:/...../.....

Approved Yes.....
No..... If not approved state reason:

Supervisor:
(Please Print)

Signature:

Manager:
(Please Print)

Signature:

Date: :/...../.....