

Employee Leave Application Form



Uniting Church
SYNOD OF NSW & ACT



- Please scan and e-mail the completed form to payroll@nswact.uca.org.au
- The deadline for receipt of all Payroll processing data is COB for the Friday before the pay week.

EMPLOYEE DETAILS

FULL NAME

EMPLOYING ENTITY

PAYROLL ID

EMAIL

PHONE

LEAVE TYPE

ANNUAL LEAVE

PERSONAL (SICK LEAVE)

LONG SERVICE LEAVE

PERSONAL (CARER'S LEAVE)

LEAVE WITHOUT PAY

OTHER (SPECIFY DETAILS)

LEAVE DATES

FROM (FIRST DAY OF LEAVE)

TO (LAST DAY OF LEAVE)

TOTAL NUMBER OF LEAVE DAYS

DD / MM / YY

DD / MM / YY

SIGNATURE

SIGN HERE

DATE

DD / MM / YY

LEAVE AUTHORISATION

REPRESENTATIVE NAME (PRINT)

REPRESENTATIVE POSITION (PRINT)

REPRESENTATIVE SIGNATURE

SIGN HERE

DATE

DD / MM / YY