|  |  |  |  |
| --- | --- | --- | --- |
| **Name of IF Manager:**  (name of person receiving funding for home support) |  | **Name of Agent:**  (If applicable the person managing funds of behalf of another) |  |
| **Name of Employee:** |  |  |  |

# Leave Request Form

TYPE OF LEAVE:

|  |  |  |
| --- | --- | --- |
| Paid Annual Leave |  |  |
| Paid Lieu Day |  |  |
| Unpaid Leave |  |  |
| Sick Leave |  |  |
| Bereavement Leave |  |  |
| Statutory Holiday |  |  |
| Accident Compensation |  | Work  Non-Work |
| Other Absence |  | Reason: |

LEAVE REQUESTED:

|  |
| --- |
| First day of leave      /     /      Last day of leave      /     /    Total number of work days:       Total number of hours: |

|  |  |
| --- | --- |
| Signed by Worker: | Date:      /     / |

|  |  |
| --- | --- |
| Approved by IF Manager: | Date:      /     / |

If you are submitting this leave form electronically, we will take the fact that you are emailing form as your declaration that you verify that the hours on the form are a true reflection of the leave your worker has taken. If you are sending it by post or fax, please ensure both you and your employee sign the form.