|  |  |  |  |
| --- | --- | --- | --- |
| **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.