This form is to be completed by all staff when:

- Seeking approval for leave
- Notifying or recording leave

Please note: Separate forms are to authorise Parental Leave, Discretionary Sick Leave, Study Leave or Course and Conference Leave, Career Break Leave, Accident Leave and Jury/Witness Leave.

| First name: | | | Su | rname: | | | | | | | | | |
|--|----------|--------------------|------------|-----------------------|-------------------|--------------------|---------------------------------------|-------------------|----------------|--------------|-------------|-------------|--|
| Position: | Wa | Ward / Department: | | | | | | | | | | | |
| Staff ID number: | | | | | | | | | | | | | |
| I wish to apply for leave a | s follow | s: | | | | | | | | | | | |
| Commencing: (date of first | | | En | ding: (da | ate of | last c | lay of | leave |) | | | | |
| | • | , | | | | | | | | | | · | |
| Leave type | Code | Total hours | | Month | | | | | | | <u>:</u> | | |
| Annual | L | | | Date | | | | | | | | | |
| Bereavement | В | | | Days | M | T | W | T | F | <u> </u> | S | · s | |
| Board/recreation | С | | | Code | | | | | | <u>.</u> | | | |
| Long Service | С | | | Month | | | | | | | | | |
| LWOP | U | | | Date | | | · · · · · · · · · · · · · · · · · · · | | | | Ť | | |
| NZ representative or sports and cultural | С | | | Days | М | Т | W | Т | F | | S | S | |
| Military volunteers | С | | | Code | | | | | | | ╧ | | |
| Public Holiday not worked | Н | | | Month | | | | · | • | - | | | |
| Public Holiday worked | | | | Date | | | | | | | | | |
| (SMOs, RMOs & IEAs only) | | | | Days | М | T | w | Т | F | | s | s | |
| Sabbatical (SMOs or Dental Officers only) | | | | Code | | | | | | | | | |
| Sick: personal | S | | | Month | : | | | | | | | | |
| Sick: dependant | S | | | Date | | | | | | | | | |
| Other: | | | | Days | М | : Т | W | Т | F | | S | S | |
| Total | | | | Code | | · · | | | | | | | |
| Note: Waikato DHB will or for SMO CME leave _eave balance (hours): | and Alte | ernative holiday | / leave wi | conditic Il be use | on tha d in th | it Shii ne firs | ft, Ond t insta | call, W ince b | /eeke efore | nd li ann | eu (ual | day leav | |
| Signature of applicant: | | | | | | Date: | | | | | | | |
| Forward this form to you | ır Line | Manager | | | | | | | | | | | |
| Manager to adhere to D | elegatio | ons of Autho | rity whe | en autho | orisir | ng lea | ave | | | | | | |
| _eave request approved: | | | Lea | ave requ | est d | ecline | ıd: | | | | | | |
| Signature of Line Manager: | | | | | | | | | Date: | | | | |
| Signature of Manager (if required under Delegations of Authority): | | | | | | | | | Date: | | | | |
| | | | | | | | | | | - 1- | | £ | |

Note: All leave is to be loaded on to Waikato DHB's roster system or noted on work sheets. The leave form records authorisation for leave and is used to verify the leave taken. Manager to notify employee of authorisation. Leave balances are to be checked prior to authorisation.