



# Human Resources Division

## SICK/INJURY/DOMESTIC/BEREAVEMENT LEAVE RECORD

*HR Office use only*

**NOTE:** Please only use this form if you are **part-time or full-time on a roster**. Complete the form and send to *HR Services, Jamieson Building, 398 Cumberland Street*.

All other staff should apply for leave using the [Staff Web Kiosk](#).

<b>SURNAME</b>		<b>FIRST NAMES</b>	
<b>DEPARTMENT</b>		<b>DIVISION</b>	

Work Injury	Non Work Injury	Sickness	Domestic	Bereavement

*(Please tick "✓" which is appropriate)*

A) IF FULL TIME	
<b>First Day Absent</b>	<b>Last Day Absent</b>
<b>TOTAL WORKING DAYS ABSENT:</b>	

B) IF PART TIME: For week ending			
DAY	DATE	NORMAL DAILY HOURS	HOURS ABSENT THROUGH SICKNESS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
<b>TOTAL WORKING DAYS ABSENT:</b>			

**Medical Certificate:** Must be attached for any absence in excess of five working days, or less in certain circumstances.

**Actioned?**

**Work Injury:** University Accident Report form must be completed and forwarded to the Health & Safety Office.

**Actioned?**

<b>EMPLOYEE:</b>		<i>May not always be able to be signed if Employee still away. Must forward to Payroll Services at end of each week regardless.</i>	
	(signature)		
<b>HEAD OF DEPARTMENT:</b>		<b>DATE:</b>	
	(signature)		
<b>HOD NAME:</b>			

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**Payroll Services Office Use Only**

Emp No: \_\_\_\_\_ Entered: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_