



Human Resources Division Leave Reversal Request Form

HR Office use only

Details of Applicant			
Employee Name		Employee No	
Department		Job No	
Original Leave Request			
Original leave applied for:	<input type="checkbox"/> Annual <input type="checkbox"/> Sick <input type="checkbox"/> Other (please state below)		
	Other: _____		
First day of leave		Last day of leave	
Total no of work days:			
New Leave Request			
New leave applied for:	<input type="checkbox"/> Annual <input type="checkbox"/> Sick <input type="checkbox"/> Other (please state below)		
	Other: _____		
First day of leave		Last day of leave	
Total no of work days:			
Employee signature			Date:
Approval			
Leave Approver signature			Date:
Name of Approver			
<p>Please be aware of the clause in the Collective Agreement (clause F.4.g) when Annual Leave is changed to Sick Leave, an extra signature by HOD is required: <i>“When sickness occurs during annual or long service leave, the employer will permit the period of sickness to be debited against sick leave entitlement provided a medical certificate is produced.”</i> If this applies to you, please get approval and attach the medical certificate to this form to forward to Payroll Services.</p>			
HOD Signature			Date:
HOD Name			

Send to Payroll Services, St David II Building, 75 St David Street, Dunedin.

Payroll Services Office Use Only

Entered: _____ **Date** ____/____/____

Checked: _____ **Date** ____/____/____