



# Human Resources Division

## SICK/DOMESTIC/BEREAVEMENT LEAVE RECORD



**NOTE:** Please only use this form if you are a **timesheet/variable hours employee**. Complete the form and send to HR Services, St David II Building, 75 St David 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>	

<b>REQUEST TYPE</b>	<input type="checkbox"/> Sick <input type="checkbox"/> Domestic <input type="checkbox"/> Bereavement
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A) IF FULL TIME			
<b>First day absent</b>		<b>Last day absent</b>	
<b>TOTAL WORKING DAYS ABSENT</b>			

A) IF PART TIME: For week ending			
DAY	DATE	NORMAL DAILY HOURS	HOURS ABSENT THROUGH SICKNESS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

<input type="checkbox"/>	<b>Medical Certificate attached</b> <i>Medical certificate must be attached for any absence in excess of five working days, or less in certain circumstances</i>
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APPROVALS	
<b>Employee signature:</b>	<b>Date:</b>
<b>Head of Department signature:</b>	<b>Date:</b>
<b>Head of Department name:</b>	<b>Date:</b>

**Note:** Employee may not always be able to sign if still away. Must forward to Payroll Services at the end of each week regardless.

PAYROLL SERVICES OFFICE USE ONLY			
<b>Emp no:</b>	<b>Entered:</b>	<b>Signature:</b>	<b>Date:</b>
	<b>Checked:</b>	<b>Signature:</b>	<b>Date:</b>