



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, Jamieson Building, 398 Cumberland Street.

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

SURNAME		FIRST NAMES	
DEPARTMENT		DIVISION	

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

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

<input type="checkbox"/>	Medical Certificate attached <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	
Employee signature:	Date:
Head of Department signature:	Date:
Head of Department name:	Date:
<p>Note: Employee may not always be able to sign if still away. Must forward to Payroll Services at the end of each week regardless.</p>	

PAYROLL SERVICES OFFICE USE ONLY			
Emp no:	Entered:	Signature:	Date:
	Checked:	Signature:	Date: