



APPLICATION FOR LEAVE

S.O.S. 016

Part A (For Office Information)

Full Name: No: Site:

Leave Period From: Hrs On:/...../..... To: Hrs On:/...../.....

Date of Return to Duty:/...../..... Dates of Last Leave:/...../.....

Signed: Date Submitted:/...../.....

Authorised By: Date:/...../.....

Part B (To Be Returned To Applicant AFTER Authorisation.)

Full Name: Date Submitted:...../...../.....

Site:

Leave Period From: Hrs On:/...../.....

To: Hrs On:/...../.....

Signed:

(APPLICANT)

APPROVED/NOT APPROVED*

Reason for Non Approval:

Authorised By:

N.B. Failure to submit a leave application at least 3 weeks prior to commencement of leave may result in non-approval. An application **MUST** be submitted for any days leave where you are rostered to work. Submission of less than 3 weeks requires an overtime request from the staff member covering the requested leave period.