

# APPLICATION FOR LEAVE



Employee Surname: \_\_\_\_\_  
Employee First name(s): \_\_\_\_\_  
Room: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Leave    Comments: \_\_\_\_\_  
 Lieu Leave     Sick Leave    Medical Certificate  Yes     No  
*Sick or Family Leave of greater than 3 days must be accompanied by a Medical certificate.*  
 Bereavement Leave    Relationship to bereaved: \_\_\_\_\_  
 Other Leave (Please Specify):    Parental/Other: \_\_\_\_\_  
Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_  
No. of Days:    Half Days \_\_\_\_\_    Full Days: \_\_\_\_\_

**ALL EMPLOYEES WHO TAKE LEAVE MUST ANSWER THE FOLLOWING:**

Did you at any time during your absence suffer from any illness which may prevent you from working with children?

Yes / No (Please delete no applicable)

If you answer to above question is Yes, please attached a medical clearance certificate to this form.

**NOTES:**

- All absences arising out of employment (including travel to or from work) which may result in an Accident Compensation claim must be supported by a Medical Certificate.
- The employee certifies that the contents of this leave application are correct and he/she will be using the leave period for the purpose outlined above. The employee also understands that if he/she does not return ready to work on the next working day after the above leave end date or contact their supervisor, it will be considered abandonment of employment with Kiddie Garden Limited.
- Once completed this form must be signed by both the applicant and your supervisor.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor)  
Print Name: \_\_\_\_\_