



TEACHER'S APPLICATION FOR LEAVE

(please print in BLOCK LETTERS clearly and legibly)

This form is required to be returned to SIM by _____. Failure to lodge it by the due date will lead to leave being processed as Leave Without Pay. Forms can be sent from any school via fax or courier (code B460).

NAME: _____ **DET ID:** _____

DATES

From: ____ / ____ / ____ AM PM To: ____ / ____ / ____ AM PM

Number of days: _____

DETAILS OF LEAVE TYPE:

- | | | YES | NO |
|-----------------------------|----------------------|--|---|
| 1. <input type="checkbox"/> | Sick Leave | Medical Certificate attached? | <input type="checkbox"/> <input type="checkbox"/> |
| 2. <input type="checkbox"/> | Family Carer's Leave | Prior approval gained? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. <input type="checkbox"/> | Long Service Leave | Documentation attached? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. <input type="checkbox"/> | Miscellaneous Unpaid | Full name of relieving teacher if one was found | |
| 5. <input type="checkbox"/> | Miscellaneous Paid | _____ | |
| 6. <input type="checkbox"/> | Absent without Leave | (must have current WACOT registration and a DET ID number) | |
| 7. <input type="checkbox"/> | Maternity Leave | ** Please provide further details on Short Leave | |
| 8. <input type="checkbox"/> | Short Leave ** | _____ | |

EMPLOYEE SIGNATURE

Signature: _____

Date: ____ / ____ / ____

MANAGER'S APPROVAL

Signature: _____

Date: ____ / ____ / ____

Manager's Name: Greg Kelly

DET ID: 0348941

Bruce Herriman

DET ID: 0343909