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## **Commercial & Industrial Concrete Construction**

## **LEAVE REQUEST FORM**

Date:/	/	Employee:		
First date of lea	ave:	/Last da	te of leave://	
Part day ONLY	: from:	am / pm <b>To</b> :.		am / pm
Leave Type	e:			
,,	*	Annual:	Number of days / h	iours
	<b>*</b>	R.D.O	Number of days / h	iours
	*	Sick: Certificate provided: YES	Number of days / h	iours
	*	Other:	Number of days / h	ours
IMPORTANT N	OTE: (	Only permanent employees	are entitled to paid leave.	
	lined w		to the date of intended leave. You Please advise the office if your lea	
Please be advised Kovacevic or Jam			without the written authority o	f Vlad
		eceived at the Office within the dical certificates to the office w	4 weeks' notice period, you wil	I not be paid
Date:/	/	Employee Signature:		
******	*****	************** OFFICE USE C	ONLY **********	*****
Date received a	t Office	e:/		
Accrual balance	F	Annual Leave: RDO: Sick Leave:		
Leave Approved	d:	YES / NO (please circle) V	Vith Pay:YES / NO	(please circle)
Date:/	/	Supervisor Signature:		
Payment details	/ Com	ments:		