

The Royal Victorian Eye and Ear Hospital

MEDICAL

APPLICATION FOR LEAVE OF ABSENCE

NOTE: PLEASE COMPLETE A SEPARATE FORM IF LEAVE IS NOT CONTINUOUS

Surname Given Names

HOURS / SESSIONS Per FORTNIGHT Pay In Advance (Y/N) Personnel No.

Annual Leave & Conference Leave: 4 weeks notice required Long Service Leave: 2 months notice required

Leave Codes must be marked in Roster sheet below along with dates and days during leave period.
Incomplete forms will be returned for correction.

LEAVE TYPES & Codes			
Annual leave	AL	* Conference Leave	CL
Public Holiday	PH	* Special Leave With Pay	SLWP
Exam Leave	EL	* Special Leave With Out Pay	SLWOP
Long Service Leave	LSL	Maternity Leave With Pay	ML
Other	OTH	Maternity leave With Out Pay	MLWOP

Supporting documentation and/or authorisation by divisional head must be supplied.

Will you be using your private sessions Y/N

	Date (ddmm)	Leave Type	Sessions (circle)	Area (OTS/DSF/OP)		Date (ddmm)	Leave Type	Sessions (circle)	Area (OTS/DSF/OP)
Mon			am / pm		Mon			am / pm	
Tue			am / pm		Tue			am / pm	
Wed			am / pm		Wed			am / pm	
Thu			am / pm		Thu			am / pm	
Fri			am / pm		Fri			am / pm	

	Date (ddmm)	Leave Type	Sessions (circle)	Area (OTS/DSF/OP)		Date (ddmm)	Leave Type	Sessions (circle)	Area (OTS/DSF/OP)
Mon			am / pm		Mon			am / pm	
Tue			am / pm		Tue			am / pm	
Wed			am / pm		Wed			am / pm	
Thu			am / pm		Thu			am / pm	
Fri			am / pm		Fri			am / pm	

From To Return to Work

Comments:

STAFF MEMBERS SIGNATURE _____ DATE _____

AUTHORISATION _____ DATE _____

Leave Noted To Relevant Areas:
DATE: _____
Medical Admin Use ONLY