

## ANNUAL LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

**Leave Details:**

Leave Type: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Total Leave Days: \_\_\_\_\_

**Reason for Leave:**

**Employee Declaration:**

I declare that the information provided in this request is true and correct to the best of my knowledge. I understand that approval of this leave is subject to company policies and business needs. I agree to comply with any conditions or procedures relating to my leave as required by my employer.

**Manager Approval:**

**For HR Use Only:**

Received by HR Representative: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Employee Signature**

**Manager Signature**

**HR Representative Signature**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

This Annual Leave Request Form is subject to the National Employment Standards and relevant Fair Work Act 2009 provisions under Australian law. Employee acknowledges that leave approval is at the discretion of the employer in accordance with business requirements and applicable laws. All personal information provided will be handled in accordance with privacy legislation.

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