



SUPPORT WORKER LEAVE OF ABSENCE

To the HomeCare+ Administration Officer

I, (name) _____

First day of Leave: ____/____/____ Last Day of Leave: ____/____/____

Return to Work Date: ____/____/____

Hereby notify you that I will be absent due to: (Please indicate which type of leave you are taking)

Recreation Leave **Personal/Carers Leave**

Reason for Leave:

I have attached the required shift coverage form

Signed: _____ Date: ____/____/____

Sighted by CSO/TL: _____ Date: ____/____/____

OFFICE USE ONLY

Client Service Officer/Team Leader

Original copy to HomeCare+ Admin Officer Date ____/____/____ Intl: _____

HomeCare+ Administration Officer

Entered into Carelink+ Leave, Notes, Alert Date ____/____/____ Intl: _____

Email sent to HomeCare+, HR, Payroll Date ____/____/____ Intl: _____

Scanned copy to personnel file Date ____/____/____ Intl: _____

Scanned copy emailed back to Worker Date ____/____/____ Intl: _____