



REQUEST FOR LONG SERVICE LEAVE

I (name), _____, request Long Service Leave.

The long service leave requested is: _____ full weeks. (Long Service Leave must be taken as full weeks)

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

Return to Work Date: ____/____/____

I understand that this leave is to be taken as continuous leave.

Signature of worker: _____ Date: ____/____/____

Approval of Long Service Leave (to be completed by Manager only)

Approved Not Approved

Reason for Not Approved (if applicable)

Name of Manager: _____

Signature of Manager: _____ Date: ____/____/____