

Temporary Employee Leave Form

Name: _____

(Tick appropriate box)

Annual Leave (Accrued Leave)

Unpaid Leave

Sick Leave

Bereavement Leave

First Day of Leave: _____

Last Day of Leave: _____

Total Number of Days and/or Hours: _____

Signed: _____

Star Personnel office use only:

Signed Approval: _____

Manager's Name: _____