



This form is to be used for illness or injury (sick leave) or to provide care or support for immediate family or household who requires care or support due to personal illness or injury, or an unexpected emergency (carer's leave).

## Personal Leave

Full Name: \_\_\_\_\_

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

### **Day/s Absent:**

Last day of work \_\_\_\_\_

First day of Personal Leave \_\_\_\_\_

Last day of Personal Leave \_\_\_\_\_

Number of Weeks: \_\_\_\_\_ Number of Days: \_\_\_\_\_

I will be returning to work on: \_\_\_\_\_

Please write reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Approved By: \_\_\_\_\_

### ***OFFICE USE ONLY***

*Personal/L Accrued:* \_\_\_\_\_ *Balance:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_