

PARISH ACCOUNTING SCHEME EMPLOYEE - LEAVE REQUEST FORM

Parish No.

EMPLOYEE: _____

PARISH NAME: _____

DATE OF APPLICATION: _____ / _____ / _____

LEAVE REQUESTED:

		No. hours	or	No. days
<input type="checkbox"/>	Annual	<input type="text"/>		<input type="text"/>
<input type="checkbox"/>	Sick	<input type="text"/>		<input type="text"/>
<input type="checkbox"/>	Bereavement	<input type="text"/>		<input type="text"/>
<input type="checkbox"/>	Leave without Pay	<input type="text"/>		<input type="text"/>
<input type="checkbox"/>	Alternative Leave	<input type="text"/>		<input type="text"/>
<input type="checkbox"/>	OTHER...specify _____	<input type="text"/>		<input type="text"/>
TOTAL		<input type="text"/>		<input type="text"/>

My First Day Absent will be: _____ / _____ / _____

My Last Day Absent will be: _____ / _____ / _____

I will Return to my Duties on: _____ / _____ / _____

EMPLOYEE'S SIGNATURE _____

PARISH WARDEN:

Your application for _____ days/hours of _____ leave
(enter type of leave applied for)

has been APPROVED / DECLINED. *(delete one)* _____
(Warden's signature)

This will leave you _____ days / hours of _____ leave
(enter type of leave applied for)

owing to you as at _____ / _____ / _____

OFFICE USE:

Hourly Rate _____ Hours per day _____ Daily Rate \$ _____

Total days taken: _____ Total hours taken: _____