

EMPLOYEE LEAVE REQUEST FORM

Employee Name: _____ Employee ID: _____

Department: _____ Position: _____

Leave Details:

Type of Leave: _____

Start Date: _____ End Date: _____

Total Number of Days: _____

Reason for Leave:

Please provide a detailed explanation for your leave request. This information will be used for assessment and approval purposes in accordance with applicable Australian employment laws and company policies.

Employee Declaration:

I hereby declare that the information provided in this leave request form is true and correct. I understand that providing false information may lead to disciplinary action. I acknowledge that approval of this leave request is subject to company policies and operational requirements. I agree to comply with all relevant Australian employment laws and regulations regarding leave and absence from work.

Manager Approval:

Approved: _____ Date: _____ Comments: _____

Human Resources Use Only:

Received by: _____ Date: _____ Leave recorded in system: _____

Initials: _____ Notes: _____

Privacy and Compliance Notice:

The personal information collected in this form will be used solely for the purpose of managing employee leave in compliance with the Fair Work Act 2009 (Cth) and related Australian legislation. Information will be handled confidentially and in accordance with company privacy policies and the Privacy Act 1988 (Cth). Unauthorized disclosure of personal information is prohibited.

Section 1 – Leave Entitlement and Accrual

Employees are entitled to leave as per the National Employment Standards and applicable modern awards or enterprise agreements. Leave accruals shall be maintained accurately and may be verified upon request.

Section 2 – Leave Approval Process

All leave requests must be submitted in writing using this form and approved by the relevant manager or supervisor prior to commencement. Managers shall assess leave requests based on operational requirements and fairness.

Section 3 – Return to Work

Employees must notify the employer promptly of their return to work date. Failure to return on the agreed date without notification may result in disciplinary action or termination.

Section 4 – Unpaid Leave

Unpaid leave may be granted at the employer's discretion in accordance with Australian employment laws. Such requests must be justified and approved in writing.

Section 5 – Medical Certificates and Evidence

For sick or carer's leave exceeding two consecutive days or as otherwise required, employees must provide appropriate medical certificates or evidence as per company policy and legal requirements.

Section 6 – Confidentiality

All information provided within this form will be treated as confidential and only disclosed to authorized personnel involved in leave management.

Section 7 – Dispute Resolution

Any disputes arising from leave requests or approvals shall be managed in accordance with company grievance procedures and relevant legal frameworks.

Section 8 – Amendments

This form and its processes may be amended from time to time to remain compliant with Australian law and company policies. Employees will be notified accordingly.

EMPLOYEE SIGNATURE

MANAGER SIGNATURE

Signature: _____

Signature: _____

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