

AIG 1.



# LEAVE APPLICATION / ABSENCE REPORT

## INSTRUCTIONS

- Prepare form in triplicate
- Forward all copies to the Authorising Officer for signature
- Authorising Officer forwards original copy directly to appropriate Payroll Officer
- Duplicate retained by Manager / Supervisor
- Triplicate retained by Employee

FULL NAME: M. PIZZINI STAFF No.: 851728 CLOCK No.: \_\_\_\_\_  
 JOB TITLE: RES SECTION/DEPT: MEL RES  
 LOCATION: MELB EXT No. 75810 HOME No.: \_\_\_\_\_  
 COST CENTRE: (if required) \_\_\_\_\_ CREW: (if required) \_\_\_\_\_

## TOTAL PERIOD OF ABSENCE

FROM TIME DATE TIME DATE  
 \_\_\_\_\_ HRS 07/4/03 \_\_\_\_\_ HRS 30/6/03

Note: Period of absence must include all days off, e.g. for shift workers, include rostered days off

TYPE OF LEAVE (Tick appropriate box)	No. of Days	No. of Hours (Hours when relevant for shift workers and / or when taking part days)	IS payment in advance required? <input type="checkbox"/> YES
<input type="checkbox"/> Annual	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, this application must be submitted 15 working days prior to leave
<input type="checkbox"/> Long Service*	<input type="checkbox"/>	<input type="checkbox"/>	

\* LSL is based on calendar days, not working days

<input type="checkbox"/> Twentieth Day	<input type="checkbox"/>	<input type="checkbox"/>	Supporting Documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO (Medical Cert, Stat, Dec or other e.g. for bereavement show relationship)
<input type="checkbox"/> Sick	<input type="checkbox"/>	<input type="checkbox"/>	Nature of illness: _____ Is this Sick Leave related to a Workers' Compensation Claim? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Carer's Leave*	<input type="checkbox"/>	<input type="checkbox"/>	Type (of Other Leave): <u>LEAVE WITHOUT PAY</u> (e.g. Days in lieu, Defence, etc) Please attach documentation)
<input checked="" type="checkbox"/> Other	<u>61</u>	<input type="checkbox"/>	

\* Please indicate whether to be allocated against Sick or Annual Leave

\* Please indicate type of Leave applicable

NB. I understand the Company's policy that if until for duty, staff must not avail themselves of concessional staff travel without the prior approval of the departmental General Manager, clearance from a Company Doctor or Company nominated Medical Officer and, where necessary the General Manager Occupational Health & Safety. Breach of this policy will result in disciplinary action being taken.

EMPLOYEES' SIGNATURE: M. Pizzini DATE: 20 13 03

AUTHORISED BY: (e.g. Supervisor / Manager or other authorised officer when supervisor not authorised)  
 Note: For E&M staff, EMCOS approval is also required

NAME: S. BERNARDI TITLE: COO QH  
 SIGNATURE: \_\_\_\_\_ DATE: 20-3-03  
 COUNTER SIGNATURE: (if required) \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYROLL DEPARTMENT USE

RECEIVED: \_\_\_\_\_ ACTIONED: \_\_\_\_\_ BY: \_\_\_\_\_

TO SIMON BERNARDI

20.3.03

I HEREBY WISH TO APPLY FOR  
LEAVE WITHOUT PAY FOR THE  
PERIOD OF 07 APR - 30 JUN '03

I AM AWARE OF THE CONDITIONS  
AND PROCEDURES ADVISED TO ME.

KINDLY CONFIRM BACK IN WRITING

REGARDS

Mark Pickering  
(852728)