

# Leave Application Form



**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Annual Leave**

Dates you are away From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Number of Working days you are away: \_\_\_\_\_

**Sick Leave**

Dates you are away From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you providing a Medical Certificate? YES or NO

If you are absent from work due to illness for 3 or more consecutive days, a medical certificate is required

**Termination of Employment with 1st Call**

Last Day of Employment is: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand by terminating my employment with 1st Call there is a 4 week stand-down

**Bereavement Leave**

Please supply information regarding the person you are taking Bereavement Leave for:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Funeral: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location of Funeral \_\_\_\_\_

Number of Days absent from work \_\_\_\_\_ *We are very sorry for your loss.*

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

## BRANCH USE ONLY

**Branch:**      AKL              TGA              HAM              WEL

**Consultant:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PAYROLL APPROVAL:** \_\_\_\_\_

Please drop completed forms into your nearest 1<sup>ST</sup> CALL office or send direct to Payroll at: **FAX: (07) 579 9296**

**EMAIL: [admin@1cr.co.nz](mailto:admin@1cr.co.nz)**

Additional forms can printed off at our website [www.1cr.co.nz](http://www.1cr.co.nz)