Lavender Blue Nursing and Home Care Agency Limited

Leave Application / Absent Form

Pay Period _____ **To** _____

Name: _____ **Payroll #** _____ **Team Member:** Yes ❒ No ❒

First Day of Leave _____ **To** _____ **Date Return to Work** _____

Leave Type Annual Leave ❒ Sick Leave ❒ Bereavement Leave ❒ ACC ❒

Pay Type AL ❒ Lieu ❒ SL ❒ LWP ❒ ACC ❒ BL ❒

Date Received: _____ **Received By:** _____ **Medical Certificate Requested** Yes ❒ No ❒

SU Name	Support Level	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total Hrs Wkly
Fixed Hours **AM**									
Fixed Hours **PM**									
Office Hours									

Non Fixed Hours

Total Hours Daily									

Support Worker Signature _____ **Authorising Signature** _____

Office Use Only

BL ❒ **Relationship to Deceased:** _____ **Days Required:** _____

Notes _____

Pay Office Only

BL ❒ AL ❒ Lieu ❒ SL ❒ BL ❒ No Leave Owing ❒ **Signed:** _____ **Date:** _____

Medical Certificate Sighted: Yes ❒ No ❒ **ACC Workplace Related:** Accepted ❒ Declined ❒