Office use only
- ❒ Web Page
- ❒ Roster Part 1
- ❒ Roster Part 2
- ❒ Letter

Pay Period

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									**Phoned**
									❒
									❒
									❒
									❒
									❒
									❒
									❒
									❒
									❒
									❒
									❒
Total Daily Hours									

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 ❒

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leave absent form 5
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