

LEAVE REQUEST FORM

Employee first name: _____

Employee last name: _____

Client assigned to: _____

Employee email: _____

Employee phone: _____

Type of leave

<input checked="" type="checkbox"/>	Holiday / Annual Leave	<input checked="" type="checkbox"/>	Sick Leave
<input checked="" type="checkbox"/>	Bereavement Leave	<input checked="" type="checkbox"/>	Day in Lieu / Alternative Leave

Leave start date: _____ (first day of leave)

Leave end date: _____ (last day of leave)

Number of days requested: _____ (total number of days)

Description: _____

Signed by employee: _____

Date: _____

Email your completed form to: accounts@traderecruitment.co.nz

Please provide a medical certificate for sick leave request of 3 or more consecutive days.

NOTE: Leave paid before entitlement may be deducted from your final pay.