

# Mercy Services

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## Application for Leave

NAME: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

POSITION: \_\_\_\_\_ Staff ID: \_\_\_\_\_

Full-time     Permanent Part-time     Part-Time     Casual

### TYPE OF LEAVE – (as per award)

Annual Leave     Parental Leave (Maternity)     Personal (Sick/Carer's)  
 Long Service Leave     Compassionate Leave     Community Leave (Jury/Military)  
 Accrued Day Off     Time In Lieu of Overtime     Other

### DURATION OF LEAVE

Total Hours: \_\_\_\_\_ Date From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is this to be PAID / UNPAID    Date Return \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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### APPROVAL

Co-ordinator, or  
Manager, or  
Chief Executive Officer: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Relief Required: NO / YES    Relief Staff Member(s):- \_\_\_\_\_

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Payroll Office

Processed:- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_