



Anglican Diocese of  
Canberra & Goulburn

## LEAVE FORM

Name \_\_\_\_\_

Parish / Agency \_\_\_\_\_

### Leave Type

Other (Sick Leave)	Medical Certificate	Yes	No
Other (Carers Leave)	Medical Certificate	Yes	No
Compassionate Leave			
Long Service Leave			
Annual Leave			
Study Leave			
Maternity Leave/Parental Leave			
Leave Without Pay			

### Reason / Details of Leave

Period of Absence From \_\_\_\_\_ to \_\_\_\_\_

Total Number of Hours \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY AUTHORISED PERSONS ONLY

Authorised by: \_\_\_\_\_

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