



HOLY CROSS CATHOLIC PRIMARY SCHOOL

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STAFF LEAVE OF ABSENCE

(this form should be used in conjunction with the Leave of Absence Policy)

Staff Name:	
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I wish to apply for leave of absence on the following date/s:		Time absent: (include travel time eg 8.30-3.30pm)	
		Amount of time:	

The reason is as follows (in the case of a funeral please provide your relationship to the deceased):

Signed:		Date:	
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For office use only:	Portal		SIMS		Calendar		Spreadsheet	
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** Office use only **

Leave of absence will be granted with pay:	
Leave of absence will be granted without pay:	
Hours to be 'made up' - number of hours:	

Signed:		Date:	
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To be returned to staff member

Staff Name:	
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Your leave of absence for:		has been	<ul style="list-style-type: none"> • approved / refused • with pay / without pay • time made up (please advise Mandy of time made up)
Hours to be made up (where relevant):			

Signed:		Date:	
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For Asst Head:	Staff member absent: _____ Date: _____
	Reason: _____ Time absent: _____