

directionrecruitment: Leave Application Form

First Name: _____ **Surname:** _____

Annual Leave

Dates you are away From: ____/____/____ To: ____/____/____

Total Number of Working days you are away: _____

Sick Leave

Dates you are away From: ____/____/____ To: ____/____/____

Are you providing a Medical Certificate? YES or NO

If you are absent from work due to illness for 3 or more consecutive days, a medical certificate is required

Termination of Employment with Direction Recruitment

Last Day of Employment is: ____/____/____

I understand by terminating my employment with Direction Recruitment there is a 4 week stand-down

Bereavement Leave

Please supply information regarding the person you are taking Bereavement Leave for:

Name _____ Relationship _____

Date of Funeral: ____/____/____ Location of Funeral _____

Number of Days absent from work _____ *We are very sorry for your loss.*

Signature: _____ **Date:** ____/____/____

Please drop completed forms into the Direction Recruitment office or email: temp@direction.co.nz

Additional forms can be printed off at our website www.direction.co.nz