

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Refer to your employment agreement regarding notice required.)

## **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](http://www.direction.co.nz)**