

# Leave Request Form



Please email completed forms to [victor@sydneylabour.com.au](mailto:victor@sydneylabour.com.au) or fax this form to (02) 9550 6954  
 We require at least Two weeks Prior for Annual Leave Dates where possible

Todays Date

Employees Present  
Classification

Employee Full Name

Site Presently Working at

Employment Status:

Full Time

Permanent Part  
Time

CASUAL

Leave applying for (Indicate via Tick to Appropriate Box)

Annual Leave

Sick Leave /  
Bereavement Leave

Medical Certificate  
Attached

YES / NO

Carers Leave

Unpaid Leave

RDO's

1st Day of Leave Date

Last Day of Leave Date

Return to Work Date

Total No. of Leave  
Days

Requested RDO  
Payouts Hrs

Reason For Leave

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I, the employee of Sydney Labour & Construction agree that the above is true & correct

Signature

Office Approval

Leave Approved

Leave Denied

Signature