



Candidate Leave Application Form

CONTACT INFORMATION	
Candidate Name	
Candidate ID	

I request _____ paid days and/or _____ days of unpaid leave:

TYPE OF LEAVE	
Tick the correct leave type	<input type="checkbox"/> Annual <input type="checkbox"/> Sick (Please provide a medical certificate for request of 3 days or more consecutive days) <input type="checkbox"/> Annual Leave converted to Sick Leave <input type="checkbox"/> Domestic <input type="checkbox"/> Bereavement <input type="checkbox"/> Alternative Holidays <input type="checkbox"/> Other (specify) _____
If "Other Leave" please specify:	
Requested (dates)	Leave from _____ to _____ inclusive and returning on _____
Comments	

Employee to Sign	
Date	

Recruitment Now to Sign	
Date	

Annual leave must be approved, and this form submitted to the Pay Office for action prior to commencing leave. In circumstances where this is not possible, the form must be submitted within five days of return to work.

This leave was processed by Payroll _____ Date _____

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