

Leave Request Form

Anglican Diocese of Waikato & Taranaki



Name:			
Position:			
Leave: Tick what leave is being taken / requested.	<input type="radio"/> Annual Leave	Annual Leave owed:	
	<input type="radio"/> Sick Leave		
	<input type="radio"/> Bereavement Leave		
	<input type="radio"/> Parental Leave	Days requested:	
	<input type="radio"/> Other	Balance remaining:	

From: Date of First Day of leave	To: Last Day of Leave	Days: Number of Days Taken

Signed: (Staff Member)	
Dated:	
Approved: (Manager or Nominee)	
Manager's Name:	
Dated:	

Email completed form to Admin@WTanglican.nz

All HR questions to be directed to Manager@WTanglican.nz

