



The University of Fiji

LEAVE APPLICATION FORM

A. To be completed by the staff member

Name: _____

Department/Section _____

Position: _____

Staff/Number: _____

PROPOSED LEAVE: (you may enter more than one period or type of leave)

- | | | |
|--|---------------------------------|------------------|
| <input type="checkbox"/> Annual | from ___/___/___ to ___/___/___ | Days ___ Hrs ___ |
| <input type="checkbox"/> Sick | from ___/___/___ to ___/___/___ | Days ___ Hrs ___ |
| <input type="checkbox"/> Compassionate (Bereavement) | from ___/___/___ to ___/___/___ | Days ___ Hrs ___ |
| <input type="checkbox"/> Maternity | from ___/___/___ to ___/___/___ | Days ___ Hrs ___ |
| <input type="checkbox"/> Time-off in lieu of extra hours | from ___/___/___ to ___/___/___ | Days ___ Hrs ___ |

Reason(s) For Leave (Other than Annual) (Attach medical certificate and other supporting documentation):

- Tick if pay in advance for Annual Leave is requested: (15 working days notice is required to process advance pay)

Staff Member's Signature _____

_____ (Date)

B School/Section Use

1. Supervisor's Endorsement: _____ Date ___/___/___

2. Head of Section/School _____ Date ___/___/___

C Administration Use

Leave balance checked: _____ (initial) Leave available? Yes No

Registrar's Approval _____

Recorded in Admin Office: _____ (initial)

Please note you should resume duties on ___/___/___

Leave balance available at next employment Anniversary ___/___/___ _____ days

Copy sent to staff member (tick): _____