



PURCHASED LEAVE APPLICATION

This form is to be used to make application for purchased leave and to request a calculation of the impact on salary payments. The form can be completed on-line before printing. However, the form cannot be dispatched electronically as it must be signed by you and your supervisor. Please forward your completed form to Human Resource Services.

1. STAFF MEMBER TO COMPLETE

Staff Number:

Name:

Organisational Unit:

Work Phone:

Proposed dates of Purchased Leave to be taken during the year (maximum of 8 weeks):

First Date Last Date

First Date Last Date

First Date Last Date

First Date Last Date

NOTE: Annual leave forms for the year must be submitted with this application.

I have read and acknowledge the conditions set out in the [Purchased Leave Scheme guidelines](#).

Signature: Date:/...../.....

2. HEAD OF ORGANISATIONAL UNIT RECOMMENDATION

Name: Date:

Signature: Date:/...../.....

3. HUMAN RESOURCE SERVICES

Annualised salary calculated and documentation provided.

Signature..... Date:/...../.....