Leave application form



Leave form Process:

- 1) Complete leave form and obtain site supervisor permission
- 2) Send this form to mobilisation@hgmechanical.com.au

Employee Details			
Employee Name: Site: Supervisor name:		Supervisor Mobile No.	
Department:			
Crew:		Roster ie 8:6 2:1	
Leave Type			
Please Indicate Leave	Туре		
Annual leave		Personal / Carers Leave	
Leave without pay	/	Bereavement Leave	
Long service leav	е		
Period of Leave			
First Day of Leave:		Last day of Leave:	
Total days:			
Approval of Leave			
	Approved	Not approved	
	Coverage required	Coverage not required	
Dates of Coverage Required			
If leave not approved, reason for refusal			
Name of manager/supervisor:			
Signature of manager/supervisor:		Date:	

Revision Date: 13 07 2021