UTAS

FACULTY OF HEALTH SCIENCE

Department of Rural Health

# FLEXI LEAVE APPLICATION

***To be completed by the applicant:***

Name: .....

Date of requested leave: .....

Hours of requested leave: .....

Current flexileave balance: .....

(please attached current flexi-leave record)

Signed by applicant: .....

Dated: .....

***To be completed by the supervisor:***

☐ Leave Approved Signed: .....

☐ Leave Not Approved Signed: .....

Dated: .....

Arrangements made during leave period (if applicable):

.....

.....

.....

***To be completed by admin:***

☐ Entered into Admin Calendar

☐ Entered onto whiteboard at reception

☐ Original on personnel file

☐ Copy to staff member