



ANNUAL LEAVE APPLICATION FORM

Applicant to complete	Surname	Given Name
	<input type="checkbox"/> Salary/Wage Prepaid* *Prepaid Wages will be paid 1 business day prior to leave commencing	<input type="checkbox"/> Salary/Wage Paid Weekly
	Reason	
	Periods of Absence Note: Approved leave can only be taken during nominal hours of duty From - Day..... Date...../...../..... 8am To - Day..... Date...../...../.....5pm inclusive Number of days requested.....	
 APPLICANT'S SIGNATURE THIS FORM <u>DOES NOT REPLACE</u> <u>TIMESHEETS</u> <u>TIMESHEETS MUST BE SENT</u> TO THE PAY OFFICE <u>EACH WEEK AS NORMAL</u>	AGREED BY HOST EMPLOYER SIGNATURE APPROVED BY FIELD OFFICER SIGNATURE APPROVED BY TASBGAS C.E.O. SIGNATURE