

# EMPLOYEE PLANNED LEAVE AND ABSENCE NOTIFICATION FORM

## SECTION ONE – TO BE COMPLETED BY EMPLOYEE

YOUR NAME: \_\_\_\_\_ NDIS#: \_\_\_\_\_  
 WORK SITE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

TYPE OF LEAVE:  
IF MORE THAN ONE TYPE OF LEAVE IS REQUESTED, PLEASE FILL OUT AN ADDITIONAL FORM FOR EACH TYPE OF LEAVE

ANNUAL LEAVE	SICK LEAVE	LONG SERVICE LEAVE
LEAVE WITHOUT PAY	ROSTERED DAY OFF	PARENTAL LEAVE
PAID LEAVE OTHER (PLOT)	OTHER (PLEASE SPECIFY): _____	

LEAVE DATES:

MY FIRST DAY OF LEAVE IS:	MY LAST DAY OF LEAVE IS:	I WILL RETURN TO WORK ON:
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EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Leave without pay can **only** be requested when all your paid leave entitlements have been used up, pending approval from your Manager.*

## SECTION TWO – TO BE COMPLETED BY BEDFORD

*When saving or forwarding this request form, please use the naming convention "YYYYMMDD\_LeaveAbsenceNotif\_Client\_Name", where YYYYMMDD is **the date the leave commences**.*

DATE RECEIVED: \_\_\_\_\_  
THIS DATE MUST BE AT LEAST TWO WEEKS PRIOR TO LEAVE - OTHERWISE EMPLOYEE MAY BE CHARGED FOR SUPPORTS IN EMPLOYMENT DURING LEAVE PERIOD

APPLICATION STATUS:    APPROVED    DENIED

APPROVER'S NAME: \_\_\_\_\_ APPROVER'S TITLE: \_\_\_\_\_

REASON (IF DENIED): \_\_\_\_\_

APPROVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ENTERED INTO ONLINE ROLLBOOK    EMPLOYEE COPY PROVIDED    SAVED TO CRM / BC

## CLIENT PLANNED ABSENCE NOTIFICATION (NDIS-FUNDED CLIENTS ONLY)

IS ANY OF THE LEAVE REQUESTED 14 CALENDAR DAYS IN ADVANCE?    YES    NO

please email this form to [BSOleaveform@bedfordgroup.com.au](mailto:BSOleaveform@bedfordgroup.com.au)