**ABSENCE FORM**

Please submit this completed form to your supervisor when you plan to be out of the office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:** | |  | **AUTHORISATION:** |  |
|  | |  |  |  |
| **REASON (Circle)** | | | **DATE OUT** | **DATE IN** |
|  | | |  |  |
| * ANNUAL LEAVE | | |  |  |
|  | | |  |  |
| * SICK LEAVE | | |  |  |
|  | | |  |  |
| * FAMILY RESPONSIBILITY LEAVE | | |  |  |
|  | | |  |  |
| * OTHER | | |  |  |
|  | | |  |  |
| CC: | Receptionist | |  |  |
|  | **Personnel** | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:** | |  | **AUTHORISATION:** |  |
|  | |  |  |  |
| **REASON (Circle)** | | | **DATE OUT** | **DATE IN** |
|  | | |  |  |
| * ANNUAL LEAVE | | |  |  |
|  | | |  |  |
| * SICK LEAVE | | |  |  |
|  | | |  |  |
| * FAMILY RESPONSIBILITY LEAVE | | |  |  |
|  | | |  |  |
| * OTHER | | |  |  |
|  | | |  |  |
| CC: | Receptionist | |  |  |
|  | **Personnel** | |  |  |