**Leave Request Form**

Name: Date: / /

Studio:

Please hi-lite the type of leave requested below:

□ Annual Leave/ Holidays

□ Sick Leave (A medical certificate is required for a period of absence of more than two days) \*

□ Leave without pay \*

□ Other (please specify)

\* Both sick leave and leave without pay apply to full-time employees only.

Medical Clearance attached: Yes / No

Leave commencing on:

Leave concluding on:

Total number of working days taken:

Contact number whilst on leave:

**Procedure**

1. This application is to be completed by the employee.
2. The application is to be emailed to your studio Team Leader (and cc to [nathangill@personalbest.net.au](mailto:nathangill@personalbest.net.au)) for approval. Trainers working in multiple studios should email the form to each studio Team Leader.
3. This Leave Request form must be submitted 21 days before leave is taken (except when it applies to sick leave whereupon it should be submitted immediately upon return to work.
4. If for any reason you cancel or amend your leave, you should notify the Team Leader immediately in writing or via email.
5. Team Leaders will need to email their completed form to [nathangill@personalbest.net.au](mailto:nathangill@personalbest.net.au)