

Client Name: \_\_\_\_\_

Leave Type: Award Category:	Sick	Long Service	Annual	Other:	Full Time Hours
	Days/Year	1. Days/Year 2. ProRata after ? years	1. Accrued (Yes or No) 2. Days/Year 3. Days/Year Loading		
		1. 2.	1. 2. 3.		
		1. 2.	1. 2. 3.		
		1. 2.	1. 2. 3.		
		1. 2.	1. 2. 3.		
		1. 2.	1. 2. 3.		
		1. 2.	1. 2. 3.		

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_