



Leave Request

Name: _____

Date: _____

		<i>1st Day of Leave</i>	<i>Last day of Leave</i>	<i>number of working days</i>
<u>Annual Leave:</u>	Paid	_____	_____	_____
	Unpaid	_____	_____	_____
<u>Sick Leave</u>	Paid	_____	_____	_____
	Unpaid	_____	_____	_____
<u>Bereavement</u>	Paid	_____	_____	_____
	Unpaid	_____	_____	_____

Please indicate nature of relationship of deceased person* _____

<u>Accident Leave</u>	Paid	_____	_____	_____
	Unpaid	_____	_____	_____
<u>Special Leave Type A</u>	Paid	_____	_____	_____
	Unpaid	_____	_____	_____

Signed - Employee _____ (before signing please check leave entitlement with Payroll)

Signed - Employer _____

Approved / Declined If leave is declined return a copy of the leave form to Employee

All Leave must be approved by Management and / or Supervisors and then handed to Payroll

* The Holiday's Act states that the employee shall be entitled to three days' bereavement (paid or unpaid as the case may be) leave on the death of the employee's spouse, parent, child, brother or sister, grandparent, grandchild or spouse's parent.

The employee shall be entitled to one day's bereavement (paid or unpaid as the case may be) leave on the death of any other person where the employer accepts that the employee has suffered a bereavement. This is determined on how close the employee was to the deceased, whether or not the employee is taking responsibility for all or any of the arrangements for the ceremonies relating to the death, or if the employee has any cultural responsibilities in relation to the death.

These entitlements only apply after the Employee has worked for MIMICO for a minimum of 6 months continuously, and for a minimum of 10 hours per week, or 40 hours per month.