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| **APPLICATION FOR LEAVE (COORDINATOR/HAFDC STAFF)** |

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| **COORDINATOR / STAFF MEMBERS NAME:** |

**ANNUAL LEAVE / PERSONAL LEAVE / UNPAID LEAVE / TIME IN LIEU / OTHER**

**(Please circle which is appropriate)**

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| **PROPOSED DATES FOR LEAVE:**  **DATE OF ORIGINAL T.I.L:** |

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| **REASON FOR LEAVE:** |

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| **OFFICE USE ONLY:** |
| **APPROVED / NOT APPROVED:** |
| **REASON FOR NON APPROVAL:** |
| **MANAGEMENT SIGNATURE:**  **DATE:** |