



HOUSE OF FABROSANZ

LEAVE APPLICATION

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Complete electronically or print and fill in clearly.

01 EMPLOYEE DETAILS

Full name

Department / role

02 LEAVE REQUEST

☐ Annual ☐ Sick ☐ Family responsibility ☐ Unpaid ☐ Other

Other leave type (if applicable)

Application date (DD/MM/YYYY)

First day of leave (DD/MM/YYYY)

Last day of leave (DD/MM/YYYY)

Return to work (DD/MM/YYYY)

Total working days requested

Part-day: leaving time

End time

Hours away

Brief reason / supporting documents supplied (no detailed medical diagnosis needed)

Sick leave: Attach a doctor's note / medical certificate for more than two consecutive days of absence, or more than two occasions in eight weeks (BCEA, section 23).

03 HANDOVER

☐ Tasks / templates updated ☐ Pending work & deadlines shared

Handover to (name)

Handover notes / file location

For emergencies, complete the handover and paperwork as soon as reasonably possible.

04 EMPLOYEE CONFIRMATION

I confirm these details are correct. Submitting this form does not mean leave is approved.

Employee signature / typed name

Date

05 APPROVAL - AUTHORISED PERSON

☐ Approved ☐ Not approved ☐ Rescheduled

Creative Director: leave approval. Orders Coordinator: early-departure approval.

Approver name / signature

Approval date

Conditions / reason

06 ACCOUNTANT - LEAVE RECORD

☐ Paid ☐ Unpaid ☐ Part paid

Balance before

Days / hours used

Balance after

Recorded by

Date recorded

Submit to the Accountant and copy the Creative Director. Attach supporting documents where required.