

# Staff Leave Request Form

Rotorua Seventh-day Adventist School



Rotorua Seventh-day  
Adventist School

Te Kura o Te Rā Whitu ki Rotorua

*Building for Eternity*

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

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

## Reason for requested leave: (Please tick appropriate box)

- |                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Sick Leave   | <input type="checkbox"/> Bereavement    | <input type="checkbox"/> Maternity   |
| <input type="checkbox"/> Unpaid Leave | <input type="checkbox"/> Parental Leave | <input type="checkbox"/> Other _____ |

Date Requested: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- I have supplied medical certificate for over 3 days sick leave.

*All leave over 3 days must be approved by the Rotorua SDA School Board - see Personnel Policy Oct 2020.*

Employee Signature: \_\_\_\_\_

Principal:  Approved  Rejected Signed: \_\_\_\_\_

### Leave over 3 days:

Board Chair:  Approved  Rejected Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Entered in Novopay: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SUE Report: \_\_\_\_\_

Notes/Comments: