

## LEAVE REQUEST AND TERMINATION FORM

I, \_\_\_\_\_ hereby request leave as indicated below. I understand that I must comply EQUIP Recruitment's procedures for requesting leave and provide additional documentation, including medical certification, if required.

Leave available \_\_\_\_\_

Termination Leave

Returned PPE \* \_\_\_\_\_

OR

For the period(s):

\* \_\_\_\_\_

\* \_\_\_\_\_

Start Date	End Date	Total Working Days Taken	Total Hours Taken

Leave Type: (tick one)

Annual

Sick

Bereavement

ACC

(Attach Injury Claim Form)

LWOP

Other (please specify) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Not approved

EQUIP Director Signature \_\_\_\_\_ Date \_\_\_\_\_

If requested over the phone:

Date/Time of Conversation: \_\_\_\_\_

EQUIP Contact Person: \_\_\_\_\_