

**Annual Leave Form**

**Name:** Click here to enter text. **Date Sent to the Office:** Click here to enter a date.

**Area:** *(Check Box)* **Whangarei  Kerikeri  Kaitaia**

**Please read and sign the leave declaration on Page 2 of this form.**

# Leave dates requested:

**First day of leave:** Click here to enter a date. **Return to work on:** Click here to enter a date.

**Leave type requested** *(please tick relevant box and complete information)***:**

Reason for Leave: Click here to enter text.

Have you had leave declined in the last 12 months? – tick box if “Yes”

If you have requested leave and require **urgent approval** please state why below *(evidence of appointment/booking may be requested)* Click here to enter text.

**Please include payment in my pay f/e:** Click here to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leave Type Requested**  *(please fill in number of days or weeks to be paid and total hours for each leave type)* | **Number of**  **Days** | **Number of Weeks** | **Total Hours** | **Is this leave type paid?** |
| Paid Leave | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes** |
| Public Holiday Not working leave request | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes** |
| Cash up Annual Leave - is this in addition to paid leave? Tick here if Yes: | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Cash up Only** |
| Leave without pay ~ only request if you have no paid leave | Click here to enter text. | Click here to enter text. | Click here to enter text. | **No** |
| Alternative Days Taken | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes** |
| Alternative Day Cash up (days accrued more than 12 months ago only) | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Cash up Only** |

**Comments:**

Click here to enter text.

Annual Leave Declaration

*please read and sign below*

Please refer to your Support Worker Handbook for entitlements or check with Payroll if you are unsure.

* **AT LEAST TWO WEEKS WRITTEN NOTICE IS REQUIRED for all planned leave.** This means the form needs to be received at the office at least two weeks before the leave is requested to commence. **Short notice leave requests will be fast tracked when there is exceptional / serious reason for leave. Short notice leave will only be considered for special or extreme circumstances.**

## I understand that I AM REQUIRED to take all my Annual Leave in the year it becomes available to me, which could include a two week break. This is recommended annually for Health & Safety.

* **I am aware leave may be declined. This is due to the need to make sure Clients do not go without support.**
  + Due to no relief SW’s available
  + Too many other SW’s have already requested leave in your area over these dates
  + You have no leave available and no relief worker can be found
  + You had Christmas / New Year or Easter off last year and other Support Workers have requested this time
* I am entitled to **four paid weeks** leave per year and **I may cash up one week only** of my annual entitlement.
* Alternative days can be cashed up only when they are over 12 months old from the day they were worked.
* My leave will be paid in the pay period it falls due (as if I was working).
* Unpaid leave requests are approved at the discretion of Home Support North and cannot be taken if paid leave is available.
* I understand that no leave can be taken or paid in advance of entitlement – unless requested and agreed in writing for special or extreme circumstances.
* I will not make changes to my scheduled jobs without first consulting the office. I may be contacted to discuss any variations or permanent changes.
* To take Maternity leave – I understand I need to make a formal submission – in writing. See Employment New Zealand website for more details **Employment New Zealand**
* I am aware an incomplete form could result in delay or non-payment or leave being declined and I have completed this form to include all leave from work **(including unpaid leave)**.

## I must take time off equivalent to pay requested.

I have read and understand the above:

|  |  |  |  |
| --- | --- | --- | --- |
| Support Worker Signature:  *(Type name to agree to declaration)* | Click here to enter text. | Date: | Click here to enter a date. |

## Office Use: SW Start Date: Click here to enter a date. Date Received: Click here to enter a date. Office: Click here to enter text. Received By: Click here to enter text.