

**Sick / Injury Leave Form**

 **Area:** *(Check Box)* **Whangarei** [ ]  **| Kerikeri** [ ]  **| Kaitaia** [ ]

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

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

**Leave dates requested**

**Off Work From:** 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:**✔ | **Number of work Days** | **Hours** | **Paid** **Leave****✔** | **Reason** |
|[ ]  **Sick Leave** | Click here to enter text. | Click here to enter text. |[ ]  Click here to enter text. |
|[ ]  **Work Related Injury** | Click here to enter text. | Click here to enter text. |[ ]  Click here to enter text. |

 **In the absence of sick leave being available:-**

**Do you wish to be paid any alternative days owed or annual leave?** [ ]  **Yes** [ ]  **No**

**Do you want the payroll office to contact you to discuss options?** [ ]  **Yes** [ ]  **No
\*\*\* Please ensure you have completed an Incident Form if this is for a Work Related Injury**

**Comments:**

Click here to enter text.

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

* I informed the Office immediately of the Sick leave (or as soon as practically possible) and noted on my timesheets (non Remote Workers) reason for absence.
* I referred to my Support Worker Handbook for entitlements or checked with Payroll.
* For a work related accident – visit a Doctor, supply HSNCT with an ACC/medical certificate and complete an Incident Form in addition to this Sick Leave Form.
* For three or more consecutive sick days – you may be required to supply a medical certificate. Please supply a copy if you have been to the doctor.
* I must take time off equivalent to pay requested.
* Sick leave will be paid in the pay period it falls due (as if I was working).
* I will not make changes to my schedule 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**](https://www.employment.govt.nz/starting-employment/rights-and-responsibilities/minimum-rights-of-employees)
* 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 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.