

**This Form must be in by 10:00 am, Monday, to ensure payment in the next pay run.
| Email: accounts@chandlermacleod.co.nz | Fax: 09 307 4889 |**

Employee Information	
Surname:	
First Name:	
Consultant:	
Employee Signature:	
Date:	

PLEASE ENSURE THAT YOUR MANAGER AND CONSULTANT ARE AWARE OF REQUESTED LEAVE ASAP

REQUESTS WILL ONLY BE PROCESSED FOR FULL OR HALF DAYS

TAKING ANNUAL LEAVE

I wish to apply for _____ day/s annual leave

From _____ To _____

Notes _____

***This will be paid in the week it is due unless otherwise requested.
If you do not have enough leave accrued, we will only pay what is outstanding.***

DISCONTINUING EMPLOYMENT WITH CHANDLER MACLEOD

I am finishing employment with Chandler Macleod and wish to received all outstanding holiday pay

My final day of employment is _____

Chandler Macleod means OCG Consulting Limited trading as Chandler Macleod