

LEAVE PLAN



For current year

| | | | |
|---|-------------|-----------|-----------------|
| Name | | | |
| Staff Number | | | |
| Position Title | | | |
| Organisational Unit | | | |
| Annual Leave balance | | | |
| Academic Deferred Leave balance | | | |
| Long Service Leave balance (if eligible) | | | |
| PLANNED LEAVE | | | |
| Leave Type | From | To | Subtotal |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

Submit the completed form to your Supervisor for consideration and discussion. This form is to be retained by your Supervisor¹.

¹ (Academic staff only) When submitting an "Accrued Annual Leave – Deferral Request" form, please ensure a copy of your Leave Plan is attached.