

# JMO - ADDITIONAL LEAVE APPLICATION FORM



**INSTRUCTIONS:** This form must be completed by the applicant. Any communication in regards to this request will be sent to your Northern Health email address. Completed form must be given to JMWU with a minimum of **ONE MONTHS'** notice. All requests must be approved by **(1) Head of Unit, (2) Divisional Director, and (3) JMWU.**  
PLEASE ENSURE **ALL** SECTIONS ARE COMPLETED BEFORE SENDING TO MEDICAL WORKFORCE.

## TO BE COMPLETED BY APPLICANT:

Name of Applicant:			
Employee Number:			
Position:			
Rotation that you will be working in at time of leave:			
Leave Dates Requested:	From (First day of Leave)	/ /	To / / (Last day of Leave)
Reason for Additional Leave:			
<b>*** If requesting to attend a course/conference please provide additional information below. You MUST attach supporting evidence of the exam/course/conference***</b>			
Name of exam/course/conference:			
Venue/Location:			
Date of exam/course/conference:	From	/ /	To / /
Have you been accepted to present? <i>If YES please give details.</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	(provide details) _____
Signature of Applicant: _____			Date: / /

## (1) TO BE COMPLETED BY UNIT HEAD

Unit Head Name:			
Do you support?	<input type="checkbox"/> Yes, provided cover can be found <b>*(MUST also be approved by Divisional Director)</b> <input type="checkbox"/> No. The reason is: _____		
Unit Head Signature: _____			Date: / /

## (2) TO BE COMPLETED BY DIVISIONAL DIRECTOR

Divisional Director Name:			
Do you approve?	<input type="checkbox"/> Yes, provided cover can be found or request locum cover <input type="checkbox"/> No. The reason is: _____		
Comments:			
Divisional Director Signature: _____			Date: / /

## (3) OFFICE USE ONLY (JUNIOR MEDICAL WORKFORCE UNIT)

JMWU Received (Date): _____	Received by: _____
Added to Allocation Planner (Date): _____	Added to RosterOn (Date): _____
Cover arrangement:	
JMO notified of approved leave?	<input type="checkbox"/>
Name, & Date (of MWU staff member who finalised this application): _____	Date: / /