

JMO SPECIAL LEAVE APPLICATION FORM



Instructions:

This form is to be completed when making an application for paid special leave. For further information please view the HR – Staff Leave Policy in PROMPT.

Special leave is granted purely in Northern Health’s discretion in line with the Finance authority delegation. Such leave is considered on a case by case basis. Approval in one particular situation will not constitute precedent for another situation or general approval.

JMO Details:

Name:		Employee No#:	
E-mail:		Mobile:	
Position:		Hrs p/wk:	
Unit / Division:		Unit Head Name:	

Leave Details

(An indicative allowance of up to five days per annum of paid special leave can be approved by the Chief Medical Officer)

From:		To:		Duration:	
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Reasons Special leave:

Overseas Voluntary Medical Elite athletic activity College examiner Extended illness
 Unforeseen circumstances Recognition of periods of extended hours or volumes of work

Other (please specify):

AUTHORISATION

Head of Unit

I support this special leave application and have undertaken measures to ensure that the absence of the applicant will have minimal impact on the unit’s service provision	HoU Name:	
	Signature:	
	Date:	

Divisional Director

I recommend approval of this application for leave and verify the applicant’s work pattern details as correct and current.	Name:	
	Position:	
	Date:	

Chief Medical Officer Approval

Signature:		Date:	
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JMWU OFFICE USE ONLY:

Approved: <input type="checkbox"/>	Cover arranged: _____	Not Approved <input type="checkbox"/>	
Name:		Signature:	
Notification to JMO: <input type="checkbox"/>	Date:	Date:	
Added to RON: <input type="checkbox"/>	Date:	Added to Allocation Plan: <input type="checkbox"/>	Date: