**ANNUAL LEAVE REQUEST TO TAKE LEAVE**

The exact format and contents of this template will vary according to the organisation. Therefore, the following template can be used as guide and relevant changes made accordingly. However, any wording changes, other than those to insert a company or a person’s name(s), may change the context, meaning or purpose of the template and we recommend you receive advice from our Workplace Relations Consultants prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our team of consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. Our consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

**Disclaimer**

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Annual leave can be taken upon agreement between an employer and employee, taking into account business operational requirements, the employee’s needs and workloads. Employees are required to submit a request for annual leave in writing and an employer cannot refuse a request unless it is on reasonable grounds.

## Employee details:

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname: |  |
| Employee Number: |  | Department: |  |
| Position: |  |  |  |

## Type of Annual Leave and Leave dates:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Annual Leave (Part day) ❒ | | Annual leave (Full day) ❒ | | | Leave in advance [if applicable] ❒ | |
| Last day of work: |  | |  | | | |
| Return date: |  | |  | | | |
| Total number of annual leave days: |  | |  | | | |
| Signature of Employee: |  | | | Date: | |  |

## Leave Approval (to be completed by Manager/Supervisor)

|  |  |  |  |
| --- | --- | --- | --- |
| Approved ❒ | Not Approved ❒ |  |  |
| Reason: |  | | |
| Signature of Manager: |  | Date: |  |