



**LEAVE APPLICATION FORM**

Registrar Name: .....

Dates of Leave:

From: ..... To: .....

Reason for Leave:

.....  
.....  
.....  
.....

Registrar signature: ..... Date: .....

**Requests for leave must be approved prospectively**

**Please fax to 02 6041 5149**

**Office Use Only:**

Approved / Not Approved

Date approved: .....

Approved by:.....

Signature: .....