



000009284

L1 LEAVE DOCTORS

Forward to HCN Payroll by **EMAIL**.

* Denotes a mandatory field.

(A) HEALTH SERVICE / AGENCY : *

ROYAL PERTH HOSPITAL

RPH

(B) CURRENT DETAILS :

*Employee Number:

*Family Name:

*Given Name(s):

*Department:

(C) LEAVE DETAILS :

First Day of Leave (ddmmyyyy)	Last Day of Leave (dd/mm/yy)	Return to Work (dd/mm/yy)	No. of hrs/days/ wk/sess	Leave Type	Pay in Advance (if applicable)
				- Please Select -	<input type="checkbox"/>
				- Please Select -	<input type="checkbox"/>
				- Please Select -	<input type="checkbox"/>
				- Please Select -	<input type="checkbox"/>
				- Please Select -	<input type="checkbox"/>

(D) ROSTER PATTERN : (Enter as 24 hr time, using colon " : " between the numbers e.g. 3:30pm = 15:30)

Payroll - Week 1								Payroll - Week 2							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start	0:00	0:00	0:00	0:00	0:00	0:00	0:00		0:00	0:00	0:00	0:00	0:00	0:00	0:00
Finish	0:00	0:00	0:00	0:00	0:00	0:00	0:00		0:00	0:00	0:00	0:00	0:00	0:00	0:00

Comments:

Pay average hours? Yes No

Pay contracted hours? Yes No

(E) EMPLOYEE SIGNATURE :

I hereby advise that I have requested the above leave for the correct purpose and authorise this to be deducted from my record should this application be approved. I agree that if leave is paid in advance and my contract of employment is terminated prior to the accrual date this amount can be deducted from my termination pay. I agree that in accordance with the current Department of Health Medical Practitioners (Metropolitan Health Services) AMA Industrial Agreement, any payment adjustments (resulting from the late submission of leave forms) will be corrected in the next available pay period.

*Employee Name:

*Telephone/Ext:

*HE Number:

*Date:

H E

D D M M Y Y Y Y

L1 LEAVE DOCTORS

(F) MANAGER / SUPERVISOR APPROVAL :

Approved: Yes No

Medical Certificate sighted/Reasonable evidence given: Yes No

Comments: (if leave not approved)

Data Entry Point: Already recorded in Lattice Already recorded in RoStar

*Manager/Supervisor Name:

*Telephone/Ext:

*HE Number: H E

*Date:
D D M M Y Y Y Y