**COVID-19 – Emergency Leave Application**

**Submit completed leave application to** **human.resource@centacarefnq.org**

**For employees with more than 1 job please use a separate form for each job. Emergency leave must not exceed 5 days in total based on your current work roster across all jobs.**

|  |  |
| --- | --- |
| **Employee’s Name** |  |
| **Employee ID:** |  |
| **Department:**Please tick | [ ] [ ] [ ] [ ] [ ] [ ]  | Corporate ServicesCentacare Multicultural Services Mental Health and Wellbeing Coaching Counselling NDIS Social Wellbeing Hub |
| **Total Hours:**(up to 5 days based on your current work roster) |  |
| **Leave dates from:** |  | **To:**  |  |
| **Please write in HOURS PER DAY that you will be on Leave** |
| **WEEK** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Week 1** |  |  |  |  |  |
| **Week 2** |  |  |  |  |  |

**Further Information:**

 Authorisation

|  |  |  |
| --- | --- | --- |
| **Employee’s Signature** | **Date** |  |
| **Managers Signature** | **[ ]  Yes** | **[ ]  No** | **Date** |  |
| **HR Endorsed** | **Date** |  |  |  |