**COVID-19 – Emergency Leave Application**

**Submit completed leave application to** [**human.resource@centacarefnq.org**](mailto: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 Services  Centacare 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** |  |  |  |