



# NGSC Staff Request for Leave Form

Form to be emailed to [pdm@nunawadinggymnastics.org.au](mailto:pdm@nunawadinggymnastics.org.au) once completed

Name: \_\_\_\_\_

Position: \_\_\_\_\_

## Details of Leave

Leave Start Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

**Please list the following;**

- Date of each class you will miss
- Name of the coach taking your class
- Class name
- Class time

Date	Coach Name	Class Name	Class Time

Number of work days taken: \_\_\_\_\_

**Leave Type**

- Annual
- Personal (sick)
- Unpaid

Coach Name: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_