

CARKEITH PTY LTD

LEAVE APPLICATION FORM

**TO BE FORWARDED TO HEAD OFFICE, CASTLEMAINE
AT LEAST 4 WEEKS PRIOR TO COMMENCEMENT OF LEAVE**

NAME: _____ DATE: _____

I wish to apply for _____ days Annual Leave, commencing on ____/____/____

I will be returning to work on ____/____/____

Signed: _____

Approved: _____ (Managing Director)

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