Consolidated Group of Companies	**LEAVE REQUEST FORM** Consolidated Group of Companies Integrated Business Management System	**F18** Leave Request Form Version 4.0 ISO 9001 / 45001

EMPLOYEE NAME

☐ **Consolidated (CG)** ☐ **CTS** ☐ **Jakarli Group (JG)**

EMPLOYMENT TYPE & WORK ARRANGEMENT

This section must be completed — it determines leave entitlements and roster cover requirements.

EMPLOYMENT STATUS

☐ **Permanent Full-Time** ☐ **Permanent Part-Time** ☐ **Casual**

WORK ARRANGEMENT

☐ **FIFO** ☐ **Project-Based (site-based, fixed duration)** ☐ **Office / Workshop / Yard**

ROSTER PATTERN (e.g. 2/1, 8/6, Mon–Fri)	**CURRENT SWING / ROTATION (e.g. Week 1 ON)**

☐ Annual Leave ☐ Personal / Sick Leave ☐ Carer's Leave ☐ Compassionate Leave

Sick / Carer's Leave: medical certificate required for absences exceeding 1 consecutive day. Attach to this form on return. LWOP: requires Director approval prior to commencement.

START DATE	**END DATE**	**DATE RETURNING TO WORK**

MANAGER

☐ **APPROVED**	☐ **DECLINED — Reason:**
☐ Leave recorded in roster / payroll system ☐ Medical certificate received (if applicable)	☐ Employee notified of outcome ☐ Filed in employee HR record

Submit form to accounts@consolidatedgroup.com.au