Request for Annual/Sick/Bereavement Leave

Date ..... Employee Number: .....

I .....
(Full Name)

Request that Kelly Services (NZ) Ltd pay me ..... hours, for entitlements due under the following:

Please tick* Annual Leave

Sick Leave (Note: if requesting 3 consecutive days or more, regardless of whether or not they are all working days, a medical certificate must be attached.)

Bereavement Leave

Leave dates from .....to .....
(first day of leave) (last day of leave)

Returning on .....
(date returning to work)

I am currently working / or last worked at .....
(Client Name)

My consultant is .....

Temporary Employee
Signature: .....

Authorised By
Name of Consultant: .....

*Leave dates must be completed when requesting leave. Only one leave type can be requested per form.

Kelly Services (New Zealand) Ltd – 0800 4 KELLY I kellyservices.co.nz

Fax to:

North Shore 09 914 8376
Professional & Technical Auckland 09 308 8499
Hawkes Bay 06 843 1749
Wellington 04 499 2821
Auckland CBD 09 366 7097
Hamilton 07 838 3586
Lower Hutt 04 569 2899
Christchurch 03 379 2964
Greater South Auckland 09 273 5560
Gisborne 06 867 9415
Taylor Preston Onsite 04 471 2053
Warehouse Onsite 09 278 8181
SKY Onsite 09 525 8355

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