

**Time Off for Dependants: Record of Leave Taken**

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| --- | --- |
| **Full Name:** |  |
| **Employee No:** |  |
| **Are you a Tier 2 or Tier 5 visa holder?** |  **Yes**  |  | **No** |  |  |
| **Department:** |  |
| **Job Title:** |  |
| **Date(s) leave taken:** | **From:** |  | **To:** |  |

|  |  |
| --- | --- |
| Total number of working days’ taken on this occasion: |  |
| Total number of working days’ taken in the past 12 months: |  |
| Please provide an explanation/reason for taking leave on this occasion: |  |

|  |  |
| --- | --- |
| **Employee’s Signature:** |  |
| **Date:** |  |
| **Leave Approved by Head of Department (or Representative)** |
| **Name (Block Capitals Please):** |  |
| **Signature:** |  |
| **Date:** |  |

* Please return the original of the completed form to the Human Resources Department for processing any salary adjustment required. A copy of this form will be placed on your personnel file.

**More details on the right to time off for dependants may be found on the AU website.**