

EXAMINATION LEAVE APPLICATION

This form can be completed electronically before emailing.

1. STAFF MEMBER TO COMPLETE

Staff Number **Name** **Contact Number** **Organisational Unit**

Please complete details below for the periods of leave that will make up your absence from work.

First Date **Last Date**

Total Number of working days and hours

Days Hours Minutes

To support ongoing improvements in UON systems and processes, Human Resource Services can now accept and store forms electronically. An approved form can be submitted as:

- an attachment to an email that contains the approval as text in the body of the email, **OR**
- a signed and scanned copy.

Signature **Date**

2. SUPERVISOR RECOMMENDATION

Name **Contact Number**

Signature **Date**

3. HUMAN RESOURCE SERVICES

Leave has been entered.

Signature **Date**

Information collected on this form will be recorded in the University's Human Resource database (Alesco) and on your electronic personnel file. The information will only be used for legitimate University purposes and we request this information in order to process your leave. For further details on this form or to request an update to or correction of your information, please contact Human Resource Services on 02 4033 9999. The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's [Privacy Management Plan](#).