

NNCA Staff Annual Leave Request Form.

Staff Member Name:	
Date From:	
Date To:	
Total Duration:	

CONFIRMED STAFF MEMEBER SIGNATURE REQUIRED:	
AUTHORISED BY:	

When booking any Annual Leave all staff are required to give NNCA a period of notice equal to twice that of the Leave being requested. Form must returned to NNCA office prior to Leave Commencing.

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