|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PSW Name:** | | | | **Leave Start Date:** | |
| **Client’s Name:** | | | | **Leave End Date:** | |
| **CSO Name:** | | | | **Client advised:** Yes ❑ No ❑ | |
| **Are you requesting leave (separate form) with other Clients?** Yes ❑ No ❑ | | | | | |
| **Planned Leave Instructions:**   * A separate form is required for each Client; * Advise your Client of your request for planned leave and check if they have any preference about who they wish to cover shifts; * Where possible contact other PSW’s on the roster to see if they are interested in covering any of your shifts. If you can’t cover all of your shifts please just leave the last column blank; * Give the exact dates that you will be on leave not just the dates that you have shifts. This is to ensure that shift-fill/the office does not call you during your entire period of leave. * Completed requests must be received by your CSO via email or fax Brisbane: (07) 3391 2088 and Townsville: (07) 4723 8677**at least 2 weeks** prior to the commencement of leave. | | | | | |
| **Day** | **Date** | **Shift Start Time** | **Shift Finish Time** | **PSW available to cover the shift**  (leave blank if shift has not been covered) | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
| **Comments:** | | | | | |
| **PSW’s Signature:** | | | | | **Date: / /** |
| **OFFICE USE ONLY** | | | | | |
| **Shift Date and Times Confirmed by CSO** Yes❑ No ❑ | | | | **Date received:** | |
| **Leave Approved and PSW Notified:** | | / / | | **Does leave impact other rosters?** Yes❑ No ❑ | |
| CSO’s Name/Signature and Date | | **Have you notified other CSO(s):**  Yes❑ No ❑ | |
| **Updated roster sent** | | Client | Date: / / | PSW’s | Date: / / |