**Employee Name:**

**Employment Status:**  Casual

**Leave Dates:**  From: To:

(last normal working day) (first normal working day)

**Please complete the grid below by entering the full details**

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| Clients’ Name | Day & date  of shift | Time  of shift | PSW covering shift |  | Day & date  of shift  covered | Time  of shift  covered |  |
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**Employee Signature: Date:**

**Have the clients been notified: YES / NO**

**Date received by head office:**

**Coordinator Signature:**

**(approved by)**