SICK, CARERS, PARENTAL, LWOP AND OTHER LEAVE RECORD WORKSHEET

Employer Name:

Employer ABN:

Employee's Name:
Job Title:
Status (FT, PT, CAS):
Name of Award/Agreement

TYPE OF LEAVE					LEAVE ACCRURAL		LEAVE TAKEN		TIME PAID IN LIEU	AMOUNT PAID	REASONABLE PROOF PROVIDED			REASON FOR LEAVE/COMMENT	BALANCE
SICK	CARERS	PARENTAL	LEAVE W/O PAY	OTHER (Please Specify)	DATE	HOURS	FROM	TO			YES	NO	N/A		

NOTE: All records must be retained for a minimum of seven (7) years from the date the employee ceases their employment. Where the business changes hands, the records should be transferred to the new employer.