

## A-Z Guide

# LEAVE FORMS



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# Overview

The Holidays Act 2003 requires employers to keep holiday and leave records of certain information for each employee. Although the Holidays Act 2003 does not require the use of leave forms, their use is strongly recommended.

Using (adapting as necessary to fit your organisation) the sample leave request forms included in this guide will minimise uncertainty and protect your interests.

## Introduction

The Holidays Act 2003 requires employers to keep holiday and leave records for each employee. However, that Act does not require employers to use leave forms. The Minimum Wage Act 1983 and the Employment Relations Act 2000 require employers to keep wage and time records.

This **A-Z Guide** provides examples that may be adapted for your use.

It is strongly recommended that before using any of the sample forms provided in this **A-Z Guide** you read the following guides:

- **Annual Holidays**
- **Bereavement Leave**
- **Fixed Term Employment**
- **Holidays Act**
- **Medical Certificates**
- **Records**

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## Leave requests

Source documents that show that employees have made signed requests for leave are an important aspect of any holiday book record. Employers who can produce proof of employees' requests for leave or agreement to leave on conditions, are able to dispute claims made by employees and/or labour inspectors of breaches of the Holidays Act 2003, the Minimum Wage Act 1983 and the Wages Protection Act 1983.

Your organisation's leave forms should reflect your company's policies and procedures, and not contradict provisions of employment agreements. If your employment agreements allow the deduction of holiday pay paid in advance of entitlement from final pay, then leave forms for annual holidays should reflect this.

It is possible to have leave forms that cover requests for all types of leave, leaving it to the employee to indicate which type is being requested in each instance.

**Note:** It is important that employers understand that the minimum entitlements under the Holidays Act 2003 are available for an employee to request. While employers may refuse to grant leave, they have no power to deduct from an entitlement if an employee has not so requested.

## Customary closedowns

If your workplace has customary closedowns, these must be done in accordance with the Holidays Act 2003. Using these sample forms (but adapting as necessary to fit your organisation) will assist with compliance. EMA AdviceLine (0800 300 362) can assist you with the drafting and interpretation of leave request forms and customary closedown forms that mirror your organisation's agreements, policies and procedures.

# Holiday and Leave Forms

## Form 1: Annual/Sick/Bereavement Leave

### LEAVE/ABSENCE FORM

**NAME:** .....

- ☐ Paid Annual Leave
- ☐ Unpaid Leave
- ☐ Sick Leave      Medical Certificate:    Yes/No
- ☐ Request to use Alternative Holiday
- ☐ Bereavement Leave

*Relationship to deceased:*

- ☐ Accident Compensation:      ☐ Work    ☐ Non-Work
- ☐ Other Absence: Reason .....

**Dates:**

From (first day) ..... to (last day) .....

Total number of work days: Paid: ..... Unpaid: .....

Signed: ..... Date: .....

Approved: ..... Date: .....

Entered on Record .....

## Form 2: Holidays in advance of entitlement

HOLIDAYS IN ADVANCE	
<b>Name of employee:</b> ..... <b>Date of commencement of employment:</b> .....	
<p>It is hereby agreed that .....days holiday in respect of the annual holiday entitlement which falls due on.....shall be granted in advance, reliant on the following conditions:</p> <ol style="list-style-type: none"> <li>1. That the number of days of annual holiday allowed in advance shall be deducted from the employee's annual holiday entitlement when it falls due.</li> <li>2. That if the employment terminates before the annual holiday entitlement falls due, any amount of holiday pay paid in advance that is in excess of the holiday pay that the employee is, or was, actually due, shall be deducted from the employee's final pay. Should the final pay not be sufficient to recover the overpayment, the employee agrees to immediately reimburse the difference to the employer.</li> </ol> <p><b>Number of days granted:</b> ..... <b>For the period:</b> .....</p>	
<p>I hereby agree to the foregoing conditions:</p> <p><b>Signed by:</b> ..... <b>Date:</b> .....</p> <p>(Employee)</p> <p><b>Signed by:</b> ..... <b>Date:</b> .....</p> <p>(Employer)</p>	
<b>Entered on records</b>	Yes/No

## Form 3: Sick leave in advance of entitlement

SICK LEAVE IN ADVANCE	
<b>Name of employee:</b> ..... <b>Date of commencement of employment:</b> .....	
<p>It is hereby agreed that .....days sick leave in respect of the sick leave entitlement which falls due on.....shall be granted in advance, reliant on the following conditions:</p> <ol style="list-style-type: none"> <li>1. That the number of days of sick leave allowed in advance shall be deducted from the employee's sick leave entitlement when it falls due.</li> <li>2. That if the employment terminates before the sick leave entitlement falls due, any amount of sick leave paid in advance shall be deducted from the employee's final pay. Should the final pay not be sufficient to recover the overpayment, the employee agrees to immediately reimburse the difference to the employer.</li> </ol> <p><b>Number of days granted:</b> ..... <b>For the period:</b> .....</p>	
<p>I hereby agree to the foregoing conditions:</p> <p><b>Signed by:</b> ..... <b>Date:</b> .....</p> <p>(Employee)</p> <p><b>Signed by:</b> ..... <b>Date:</b> .....</p> <p>(Employer)</p>	
<b>Entered on records</b>	<b>Yes/No</b>

## Form 4: Bereavement leave

### APPLICATION FOR BEREAVEMENT LEAVE

*Please provide evidence e.g. death certificate, newspaper notice*

*The following information is required to assess your eligibility for bereavement leave*

Employee Name: \_\_\_\_\_

Date(s) of leave requested: \_\_\_\_\_

Number of days leave required: \_\_\_\_\_

What is your relationship to the deceased?

- ☐ Spouse
- ☐ Parent
- ☐ Child
- ☐ Brother or sister
- ☐ Grandparent
- ☐ Grandchild
- ☐ Spouse's parent
- ☐ Other [If other, please answer questions below]

*What is your relationship to the deceased?*

\_\_\_\_\_

*Have you personally suffered a bereavement as a result of the death?* ☐ Yes ☐ No

*Please describe the closeness of the association between yourself and the deceased:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Do you have any significant responsibility for all or any of the arrangements for the ceremonies relating to the death?* ☐ Yes [Please describe] ☐ No

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*Do you have any cultural responsibilities in relation to the death?*

☐ Yes [Please describe] ☐ No

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*If you are not entitled to bereavement leave would you like to apply for Annual Leave?*

☐ Yes ☐ No



## Form 5: Notice to employee entitled to annual holidays at time of closedown

### Company letterhead

Name: ..... Date: .....

[Company Name] operates a customary closedown in terms of section 32 of the Holidays Act 2003. The Christmas / New Year closedown for 20XX will start on ..... and finish on .....  
The first day back at work in the New Year will be .....

During this period you will be required to take your annual holidays. In accordance with section 32, this is the Company's formal notice to you of this requirement.

Employees who have become entitled to annual holidays at the time of the closedown will receive their holiday pay calculated as per section 21 of the Holidays Act 2003.

Details are provided to show you how this will affect your entitlement to annual holidays and to show you how your pay will be made up over the closedown period:

Annual holidays..... Days

Public holidays..... Days

(Payment for public holidays is made where a holiday falls on a day that would otherwise be ordinary working days for the employee)

Please sign and return this notification form to your manager.

Signed: ..... Date: .....

Signed on behalf of [Company Name]: .....

## Form 6: Notice to employee who is in the first year of employment at time of closedown

### Company letterhead

Name: .....

Date: .....

[Company Name] operates a customary closedown in terms of section 32 of the Holidays Act 2003. The Christmas / New Year closedown for 20XX will start on ..... and finish on ..... The first day back at work in the New Year will be.....

During this period you will be required to take your annual holidays. In accordance with section 32, this is the Company's formal notice to you of this requirement.

Employees who have been with [Company Name] for less than 12 months at the closedown date, will receive holiday pay according to the Holidays Act 2003, calculated on a percentage of their total earnings to date. In accordance with section 35, commencement of employment dates will be moved to coincide with the customary closedown.

Over the closedown, in addition to your holiday pay you will be paid for:

Public Holidays..... Days

(Payment for public holidays is made where a holiday falls on a day that would otherwise be ordinary working days for the employee)

Please sign and return this notification form to your manager.

Signed: .....

Date: .....

Signed on behalf of [Company Name]: .....



## Form 7: Notice to employee where closedown extends beyond entitlement to annual holidays

### Company letterhead

Name: ..... Date: .....

[Company Name] operates a customary closedown in terms of section 32 of the Holidays Act 2003. The Christmas / New Year closedown for 20XX will start on ..... and finish on .....

The first day back at work in the New Year will be.....

During this period you will be required to take your annual holidays. In accordance with section 19 of the Holidays Act 2003, this is the Company's formal notice to you of this requirement.

Employees who have become entitled to annual holidays at the time of the closedown will receive their holiday pay calculated as per section 21 of the Holidays Act 2003.

Details are provided to show you how this will affect your entitlement to annual holidays and to show you how your pay will be made up over the closedown period.

Annual holidays..... Days

Public holidays..... Days

(Payment for public holidays is made where a holiday falls on a day that would otherwise be ordinary working days for the employee)

In preparing for the closedown it has come to the Company's attention that its intended closedown is longer than your entitlement to annual holidays by ..... day(s). If you wish to remain on holiday for these days, which will be ....., then please indicate below how you would like to take these days. For those who wish to return to work before the end of the official closedown, work will be provided.

Leave without pay .....Days

Lieu day ..... Days

Annual holidays in advance of entitlement due ..... 20.....

(I agree that if my employment terminates before my next annual holiday entitlement falls due, any amount of holiday pay paid in advance that is in excess of the holiday pay that I am, or was, actually due, shall be deducted from my final pay. Should the final pay not be sufficient to recover the overpayment, I agree to immediately reimburse the difference to my employer.

Please sign and return this notification form to your manager.

Signed: ..... Date: .....

Signed on behalf of [Company Name]: .....

## Form 8: Sample paying out annual leave form and letter:

### Company letterhead

#### Employee request for portion of annual holidays to be paid out

Employee:

Date of commencement of employment:

I wish to request that the following portion of my annual holiday entitlement be paid out.

Number of days, (maximum 1 week):

I understand and agree that if my application is approved the portion paid to me will be deducted from my annual holiday entitlement.

Signed [Employee]:

Date:

Manager:

Date on which employee entitlement year\* falls:

The request for payment of annual holidays is approved:

The request for payment of annual holidays is declined:

Signed [Employer]:

Date:

\*Entitlement year means a period of 12 months continuous employment beginning on the anniversary of the employee's employment. Where you have a customary closedown continuous employment must, for the purposes of paying out holidays, be treated as commencing on the date on which the closedown began. Please refer to the notes below or contact EMA AdviceLine on 0800 300 362 (NZ) or 1800 300 362 (Australia).

## Form 9: Sample Family Violence leave form

### Form 9: Sample Family Violence Leave Form

*Pursuant to subpart 5 of the Holidays Act 2003*

**Please note** that affected employees are required to notify the employer of their intention to take family violence leave as early as possible before the employee is due to start work on the day that is intended to take the leave, or, if that is not possible, as early as possible after that time.

Full Name		Date	
Position			
Manager			
Current place(s) of work	Full street address(s)		
Current days / hours of work			
Requested days of leave <ul style="list-style-type: none"> <li>Specify start date and end date (inclusive).</li> <li>Please note the maximum period of leave is ten (10) days in any period of entitlement.</li> </ul>			
Leave requested is (circle): Paid / Unpaid / In advance			
Please attach any proof which you are providing voluntarily.  (Please note that [Company] may request (further) proof after this form has been submitted).			

I confirm that the above information is true, correct, and complete to the best of my knowledge. I have read the policy to which my request refers and I have been provided with a reasonable opportunity to ask for clarification and/or address any concerns in respect and seek independent advice in relation to my request. I have been made aware of and provided with information about available and appropriate specialist family violence support services, as outlined in the policy itself. I understand that [Company] will take reasonable steps to protect my privacy and the confidentiality of my request and the information provided therein, however, I understand that full confidentiality may not be possible and that my information will need to be accessed by a small number of [Company's] employees on a 'need to know'-basis.

\_\_\_\_\_  
Date, Name (in print letters) and Signature of Employee

**Information for and Advice to Employee:****Process**

[Company] will deal with your request on an urgent basis and as soon as reasonably possible.

If you consider that your request has not been addressed adequately, and/or you disagree with the employer's decision, please refer to the employment relationship problem clause of your employment agreement as to available recourse.

**Privacy and confidentiality**

[Company] will take reasonable and practicable steps to ensure that affected employees' requests for family violence leave are treated with the appropriate sensitivity and remain confidential as far as is practicably possible and permitted by law.

Full confidentiality may not be possible, in that [Company] considers that a small number persons will need to be made aware of the leave request. However, [Company] will take all reasonable steps to ensure that those of its employees who obtain knowledge of an employee's leave request on a "need to know"-basis, do not further circulate such information.

## Form 10: ACC leave

Use this form to let HR know of a new ACC leave request, an ACC leave request extension or for a gradual return to work after ACC leave.

If you are returning to work as per your usual working pattern and the return date has not changed since you notified us of your ACC leave then you do not need to re-complete the form.

**Please note:**

ACC 18 form must be attached for:

- New ACC leave request
- Gradual return to work after ACC leave

ACC 45 form must be attached for:

- ACC leave request extension

### APPLICATION FOR ACC LEAVE

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of starting ACC leave: \_\_\_\_\_

Anticipated date of returning to work: \_\_\_\_\_

Do you wish to be topped up to full pay with Sick Leave? ☐ Yes ☐ No ☐ Please contact to discuss

*\* This is subject to you having available sick leave balance to use*

Type of ACC Leave request:

- ☐ New Leave ACC Request
- ☐ ACC Leave Request Extension
- ☐ Gradual Return to Work

Attached Forms:

- ☐ ACC 18
- ☐ ACC 45

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## Remember

- Always call AdviceLine on 0800 300 362 to check you have the latest guide.
- Never hesitate to ask AdviceLine for help in interpreting and applying this guide to your situation.
- Use our AdviceLine employment advisors as a sounding board to test your views.
- Get one of our consultants to draft a template that's tailor-made for your business.

This guide is not comprehensive and should not be used as a substitute for professional advice.

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