PRINCE OF WALES HOSPITAL JUNIOR MEDICAL STAFF APPLICATION FOR ANNUAL, STUDY, SICK LEAVE OR ADOs

Health
South Eastern Sydney
Local Health District

Name: _____ Employee No: _____

Position: _____ Phone/Pager No: _____

Department: _____ Hospital: _____

ADO From: _____ To: _____ Total working days: _____

Annual Leave From: _____ To: _____ Total working days: _____

Study Leave From: _____ To: _____ Total working days: _____
(RMO/Registrar only)

Name of Course/Reason for Leave: _____

Sick Leave From: _____ To: _____ Total working days: _____
(For pay purposes, a medical certificate must be attached if more than 2 days sick leave)

Other Leave From: _____ To: _____ Total working days: _____
(Specify type)

Pager covered? Yes: _____ No: _____ n/a: _____

Indicate name(s) if yes or reason if no: _____

Daytime ward covered? Yes: _____ No: _____ n/a: _____

Indicate name(s) if yes or reason if no: _____

Outpatient clinics covered? Yes: _____ No: _____ n/a: _____

Indicate name(s) if yes or reason if no: _____

On call covered? Yes: _____ No: _____ n/a: _____

Indicate name(s) if yes or reason if no: _____

Overtime shifts covered? Yes: _____ No: _____ n/a: _____

Indicate name(s) if yes or reason if no: _____

AMENDMENT: YES ( ) TO REPLACE LEAVE APPLICATION FOR DATES **FROM:** _____ **TO:** _____

Signature of Applicant: _____ **Date:** _____

Approved by: _____ **Date:** _____
(Department Head or equivalent)

COMPLETED FORMS ARE TO BE FORWARDED TO THE MEDICAL WORKFORCE UNIT IN PERSON, EMAIL SESLHD-JMOPOW@health.nsw.gov.au OR FAX 9382 2139

Office Use only (MWU): Leave relief available (MWU): Yes: _____ No: _____ n/a: _____

Entered in HealthRoster: Sign: _____ Date: _____

Medical Workforce Unit, Prince of Wales Hospital - Phone: 9382 2111; 9382 3469; 9382 8231
Email: SESLHD-JMOPOW SESLHD-JMOPOW@health.nsw.gov.au