



Application for Sick/Bereavement Leave

Name: _____

Address: _____

Company of Assignment: _____

Date/s Taken: _____

- I wish to apply for _____ day/s sick leave*
** If you are absent for three or more consecutive days, Legal Personnel may require a medical certificate before your sick leave will be approved*
- I wish to apply for _____ days/ bereavement leave
- Legal Personnel has approved this bereavement leave request

Signature of Applicant: _____

Signature of Consultant: _____

Return to Legal Personnel by fax, email or mail to:

(09) 357 6383, email to info@legalpersonnel.co.nz or P O Box 2432
Shortland Street, Auckland 1140

As soon as possible – Thank you