

RMO Leave Application Form

OFFICE USE ONLY
Deadline for Response to RMO

Please submit completed form to your ARRMOs RMO Support Unit/Support Person

Last Name		First Name	
Position (eg, House Officer, Registrar, Fellow)		Department/Run (at time of leave)	
RC Code (if known)		Employee Number (if known)	
Pager Number (if known)	Mobile Number		E mail Address (most commonly used)
District Health Board (please circle)	Auckland DHB / Counties Manukau DHB / Waitemata DHB		

	Days	Hours	Date Commencing	Date Ending	Date Returning to Duty
Annual Leave					
STIL - Statutory Holiday In Lieu (for taking statutory holidays)					
Medical Education Leave Please code as MEL					
Conference Leave Please code as SRC					
Sick Leave					
Leave without Pay					
Parental Leave Include template letter specifying type of parental leave					
Jury Service Leave I wish to take Jury Service Leave as (please tick): <input type="radio"/> Leave with pay <input type="radio"/> Annual leave <input type="radio"/> Leave without pay					
Special Leave					
Other , eg, EREL Bereavement/Tangihanga					

N.B: If your requested leave type cannot be covered by the existing balance, leave will be taken from other leave balance TIL, STIL or AL before going to LWOP unless you advise us not to do this.

Cancellation of Leave Leave Type: _____					
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Note: At least 3 weeks notice is required if you wish to change your leave dates. Shorter notice is likely to result in changes not being approved

Reason for Leave
For Medical Education (MEL) and Conference Leave (SRC), please provide further information, eg, details of conference, course, location; exam details, etc

RMO Signature:..... **Date:**.....

Approved/Declined by Employer		
Name(s):	Signature(s):	Date(s):
ARRMOs RMO Support Notes		