



# Notification of Member Absence

## Personal Details

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

## Absence Details

<input type="checkbox"/>	<b>Sickness</b>	<b>→</b>	<input type="checkbox"/> <b>Medical Certificate attached</b>
<input type="checkbox"/>	<b>Holidays</b>	<b>→</b>	<input type="checkbox"/> <b>Travel details Attached</b>
<input type="checkbox"/>	<b>Family Reasons</b>	<b>→</b>	<input type="checkbox"/> <b>Details Attached</b>
<input type="checkbox"/>	<b>Other (Please Specify)</b>		

## Dates for Leave

<b>Start Date:</b>	_____ / _____ / 20__		
<b>Return Date:</b>	_____ / _____ / 20__		
<input type="checkbox"/> <b>Credit to Fees Requested (please tick box)</b>  <i>Please note: Credit on fees will only be considered on leave after 4 consecutive weeks as per Service Fees Policy</i>			
<b>Name:</b>		<b>Date:</b>	_____ / _____ / 20__
<b>Signature:</b>			

## Leave Approval (Office Use Only)

<b>Manager Approval</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Date:</b> _____ / _____ / 20__
<b>Signature:</b>			
<b>Request for Credit to Fees:</b>	<input type="checkbox"/> <b>Approved</b>		<input type="checkbox"/> <b>Accounts Advised</b>
	<input type="checkbox"/> <b>Declined – (Reason)</b>		
<b>CEO Endorsement:</b>			