

Access to leave and release of Comcare Payments

I, _____
(Employee's full name)

of _____
(Employee's full private address)

request _____ to grant me access to my _____ leave entitlements
(Name of your organisation) (type of)
pending determination of my compensation leave by Comcare.

In the event that my claim is accepted I authorise _____ to re-credit my
(Name of your organisation)
leave, and to recover any salary that has been advanced to me for that leave from compensation
payments received from Comcare.

(Employee to strike out whichever is not applicable)

1. This approval is for all leave claimed in relation to my claim for

(details of condition claimed)

OR

2. This approval is for the period/s of leave specified below

___/___/___ to ___/___/___

___/___/___ to ___/___/___

___/___/___ to ___/___/___

Signature _____ Date ___/___/___