



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, Madison Recruitment may require a medical certificate before your sick leave will be approved.*
- I wish to apply for ____ day/s bereavement leave
- Madison Recruitment have approved this bereavement leave request

Signature of Applicant: _____

Signature of Consultant: _____

Return to Madison Recruitment by Fax or Mail to:

Auckland	(09) 303 4452	PO Box 105 675, Auckland 1143
Auckland South East	(09) 274 3901	PO Box 259 253, Botany 2163
Waikato	(07) 839 5662	PO Box 19382, Hamilton 3244
Wellington	(04) 499 8066	PO Box 3357, Wellington 6140
Christchurch	(03) 366 6221	PO Box 2044, Christchurch 8140