

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

Signature of Applicant:

Signature of Consultant:

Please return this to your consultant via email or post to:

Auckland
Auckland South East
Waikato
Wellington
Christchurch

PO Box 105 675, Auckland 1143
PO Box 259 253, Botany 2163
PO Box 19382, Hamilton 3244
PO Box 3357, Wellington 6140
PO Box 2044, Christchurch 8140