

E6

Archdiocese of Canberra and Goulburn

GPO Box 3089 Canberra ACT 2601 | T (02) 6239 9800 | F (02) 6239 9898



APPLICATION FOR LEAVE

This form is to be completed by clergy taking leave. Please sign and forward to the Archbishop's Office cathy.moffitt@cq.org.au NOTE: This form must be received prior to taking leave.

NAME		
PARISH / ORGANISATION		
TOWN		
TYPE OF LEAVE	DATE OF ABSENCE	NO. OF DAYS ABSENT
ANNUAL LEAVE Do you intend to travel overseas YES / NO/...../..... to/...../.....
LONG SERVICE LEAVE	A written application must accompany this Application for Leave	
SABBATICAL LEAVE	A written application seeking approval from the Clergy Care Board is required	
SICK LEAVE/...../..... to/...../.....
In the event of clergy being on sick leave in excess of three months an application in respect of their stipend & allowances for board & lodging should be submitted to the Archbishop's Office cathy.moffitt@cq.org.au		
ARRANGEMENTS FOR SUPPLY		
NAME OF CLERGY PROVIDING SUPPLY		
EMERGENCY CONTACT PERSON: _____		
CONTACT PHONE NUMBER: _____		
COMMENTS:		
CLERGY SIGNATURE:		
Date ____ / ____ / ____		
ARCHBISHOP'S SIGNATURE:		
Date ____ / ____ / ____		
CHANCELLOR'S SIGNATURE:		
Date ____ / ____ / ____		