

APPLICATION FOR SICK/BEREAVEMENT LEAVE

Name: _____

Address: _____

Company of Assignment: _____

Consultant: _____

Date /s Taken: _____

☐ I wish to apply for _____ day /s sick leave*
*If you are absent for three or more consecutive days. Alignz Recruitment may require a medicate certificate before your sick leave will be approved.

☐ I wish to apply for _____ day /s bereavement leave

☐ Alignz Recruitment have approved this bereavement leave request

Applicant: _____ Signature of Applicant: _____

Consultant: _____ Signature of Consultant: _____

Please return via fax on Hamilton 07 855 2739 or Auckland 09 279 9987 or
via email Hamilton office: accounts@alignzrecruitment.co.nz OR Auckland office: sales@alignzrecruitment.co.nz