

# Members Application for Leave Form

*Please complete the Form and return promptly to the Secretary [secretary@ogsa.org.au](mailto:secretary@ogsa.org.au)*

<b>Name: - (Please Print)</b>		<b>Membership No.</b>	
<b>Home Phone: -</b>		<b>Work Phone</b>	<b>Mobile</b>
<b>Date of Birth: -</b>		<b>E-mail address</b>	
<b>Signature: -</b>		<b>Date: -</b>	

## Reason for Leave Application

Complete ALL details below (If incomplete the Form will be returned to you)

<b>Date From: -</b>		<b>Date To: -</b>	
<b>Reason for Leave: -</b>			
<b>Medical Certificate Attached: -</b>	<b>Yes / No</b>		
<b>OGSA Use Only</b>			
<b>OGSA Committee Approved: -</b>	<b>Date: -</b>	<b>Yes / No</b>	
<b>Comments &amp; Signature: -</b>			