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APPLICATION FOR LEAVE - HR012

Note: If Pay in Advance is required then this form should reach HR 3 weeks prior to leave commencing.

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APPLICATION FOR LEAVE - HR012

Note: If Pay in Advance is required then this form should reach HR 3 weeks prior to leave commencing.

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MEMORANDUM

Fax No:

Contact No: 4120 6666

1/E 14/3/00) 8/ms (12/3/00)

4120 6794

To:

Ron Cross

Paymaster

MARYBOROUGH HOSPITAL

From:

Dr M N Naidoo

Consultant Orthopaedic Surgeon HERVEY BAY HOSPITAL

Subject:

RECREATION LEAVE

Please note that in the dates on my application for leave dated 10.03 2000 the start date should be Friday 12.05.2000 and the end date Thursday 25.05.2000.

Dr Morgan N Naidoo

Consultant Orthopaedic Surgeon

42 K BONUS??

27/4/2000



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					EMPLOYEE ID	0	4	5	9	-3	9
EMPLOYEE DETAILS	<u> </u>										
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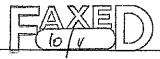


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(* attach documentary		nd/Fire *	•	Concessional			ig Service	<i></i>	
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necessary and	Othe	er*#				LJ 25;	carement a		
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must be 2 weeks or greater)	Paid in Usual Fortnights	Yes	Is pay in advance requir	red? Yes	
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# Details									7	
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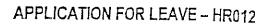
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Note: This form should reach HR 3 weeks prior to leave commencing.										
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(eg, Mother, father)										
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22 August 2000





Note: This form should reach HR 3 weeks prior to leave commencing. EMPLOYEE ID 3 CREW ID **EMPLOYEE DETAILS** Sumame מים עמקומים Given Names MORGAN ルモモとタル Position Title Class/Level 55410R 5-44-1 37 Dept/Location Contact No: LEAVE REQUESTED Dates No.of Nature of Leave Days/Hours Recreation Leave First Day Last Day Long Service Leave First Day Last Day Sick Leave Certificate Yes First Day Last Day No Family Leave Certificate Yes No First Day Last Day Person Sick: Bereavement Leave Relationship to self: First Day Last Day (eg, Mother, father) Special Leave ☐ With Pay 25/02/01 28 102 101 Without Pay First Day Last Day Other (Please Specify) (eg SARAS, Exam, Sludy, Conference, RDO) First Day Last Day For AMENDED APPLICATION please supply previous dates: Previous From Previous To Are any ADO's/RDO's being taken in this period? Yes No If Yes, on which date/s? Is Higher Duties preceding this leave? PREFERRED PAYMENT Recreation Leave Paid in Usual Fortnights ☐ Yes Is pay in advance required? Yes (Please tick one) Long Service Leave Full Pay Half Pay (2 wks or greater) Paid in Usual Fortnights Yes Is pay in advance required? (Please tick one) **EMPLOYEE AUTHORISATION** Signature Date 02 / 01 DELEGATE'S AUTHORISATION I approve the above requested leave Signature Designation Contact No: Date APPLICATION OF THE STREET, SHEET, OFFICE USE ONLY Processed by Date Checked by Date

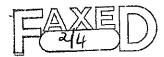
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ENTERED 22 August 2000 PP 116.





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Note: This form should reach HR 3 weeks prior to leave commencing.														
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Note: This form should reach HR 3 weeks prior to leave commencing. CREW ID 3 EMPLOYEE ID 4. S 3 7 **EMPLOYEE DETAILS** Given Names N EE LAN NAPOOO 40R34W ■ Sumame STAFF Class/Level Position Title 5000110157 1/2 2 Contact No. Dept/Location LEAVE REQUESTED No.of Days/Hours Dates Nature of Leave 105101 26 104 101 Recreation Leave 36 Last Day First Day Long Service Leave First Day Last Day Certificate Yes Sick Leave Last Day First Day Nο ☐ Family Leave Certificate Yes Last Day First Day Person Sick: Bereavement Leave Relationship to self: Last Day First Day (eg, Mother, father) Special Leave □ With Pay Last Day First Day Other (Please Specify) First Day Last Day (eg SARAS, Exam, Study, Conference, RDO) Previous From Previous To For AMENDED APPLICATION please supply previous dates: If Yes, on which date/s? Are any ADO's/RDO's being taken in this period? ☐ No Yes Yes Is Higher Duties preceding this leave? PREFERRED PAYMENT Yes (Please tick one) THY Yes Is pay in advance required? Paid in Usual Fortnights Recreation Leave Long Service Leave Full Pay Half Pay Yes (Please tick one) (2 wks or greater) Is pay in advance required? Yes Paid in Usual Fortnights EMPLOYEE AUTHORISATION hours 20 103 101 Date Signature DELEGATE'S AUTHORISATION I approve the above requested leave Designation Signature Date Contact No: 5101 Date Processed by

Notify climics & 05/

Date

22 August 2000

Checked by



MEMORANDUM

To:

Dr Morgan Naidoo

Copies to:

Education Centre, Pay Office, Accounts Payable

From:

Dr Terry Hanelt

Contact No:

41 206859

Fax No:

41 206799

Subject:

Application to Attend Conference

File Ref:

It is advised that your application to attend the "Australian Orthopaedic Association" which is to be held on the 18, 19 and 20 May has been approved.

Approval is granted for the payment of the registration fee of \$250.00, meals/incidentals and 1 days paid leave.

Assistance with the prepayment of registration fee will be provided by the Director of Corporate Services.

On your return, it is a requirement that a personal comprehensive, yet concise typed written report, outlining six (6) significant issues relevant to the operations of the Fraser Coast District Health Service, be submitted to the Director of Medical Services within one (1) month of your return to duty. You are also expected to convey knowledge acquired at the course to other appropriate staff members.

Dr Terry Hanelt DIRECTOR OF MEDICAL SERVICES

/2001

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H.R. DEPT.



13 JUN 2001

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APPLICATION FOR LEAVE

Note: This form should reach HR 3 weeks prior to leave commencing. EMPLOYEE ID S 3 CREWID 4i **EMPLOYEE DETAILS** Sumame : Given Names NAIDOO MORGAN NEELAN Position Title Class/Level SENIOR STAFF Dept/Location Contact No: ORTHOPAEDICS LEAVE REQUESTED Dates 1 No.of Nature of Leave Days/Hours Recreation Leave I = IFirst Day Last Day Long Service Leave First Day Last Day NEDICAE APPOINTMENT & Sick Leave Certificate Yes 22/06/01 22 100101 First Day Last Day ₩ No ☐ Family Leave Certificate Yes Νo First Day Last Day Person Sick: ☐ Bereavement Leave Relationship to self: First Day Last Day (eg, Mother, father) □ Special Leave ☐ With Pay First Day Last Day Other (Please Specify) (eg SARAS, Exam, Study, Conference, RDO) First Day Last Day For AMENDED APPLICATION please supply previous dates: Previous From Previous To Are any ADO's/RDO's being taken in this period? ☐ Yes \Box No If Yes, on which date/s? Is Higher Duties preceding this leave? Yes No PREFERRED PAYMENT Recreation Leave Paid in Usual Fortnights ☐ Yes Is pay in advance required? Yes (Please tick one) Long Service Leave ☐ Full Pay Half Pay (2 wks or greater) Paid in Usual Fortnights Yes Is pay in advance required? Yes (Please tick one) **EMPLOYEE AUTHORISATION** Signature Date 040 1 06/01 DELEGATE'S AUTHORISATION I approve the above requested leave Signature Designation Contact No: Date Processed by Date Checked by Date



Note: This form should reach HR	Note: This form should reach HR 3 weeks prior to leave commencing.						
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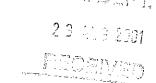
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Entered

22 March 2001

HR012





MEMORANDUM

To:

Dr Morgan Naidoo

045939

Copies to:

Education Centre, Pay Office, Accounts Payable

From:

Dr Terry Hanelt

Contact No:

41 206859

Fax No:

41 206799

Subject:

Application to Attend Conference

File Ref:

It is advised that your application to attend the "Combined New Zealand and Australian Orthopaedic Associations Scientific Meeting" which is to be held from 7th – 12th October 2001 in New Zealand has been approved.

Approval is granted for the payment of the registration fee of \$900.00, meals (please keep receipts), incidental allowance, flights from Brisbane to New Zealand return and accommodation at the conference venue (accommodation to be paid by you and reimbursed by the district – keep receipts)

Assistance with the prepayment of registration fee will be provided by the Director of Corporate Services.

On your return, it is a requirement that a personal comprehensive, yet concise typed written report, outlining six (6) significant issues relevant to the operations of the Fraser Coast District Health Service, be submitted to the Director of Medical Services within one (1) month of your return to duty. You are also expected to convey knowledge acquired at the course to other appropriate staff members.

Dr Terry Hanelt

DIRECTOR OF MEDICAL SERVICES

W/K/2001

PM 0 131 pp 131

Contact No: 4120 6666

4120 6794



MEMORANDUM

Fax No:

To:

Ron Cross

Paymaster

MARYBOROUGH HOSPITAL

From:

Dr M N Naidoo

Consultant Orthopaedic Surgeon

HERVEY BAY HOSPITAL

Subject:

RECREATION LEAVE - 12.11.01 TO 16 11.01

Please cancel my application for recreation leave from 12.11.01 to 16.11.01 as I am unable to take this leave due to my schedule at the Hospital.

Dorgan Naidoo

Consultant Orthopaedic Surgeon

09/11/01



MEMORANDUM

To:

Dr Morgan Naidoo

Copies to:

Education Centre, Pay Office, Accounts Payable

From:

Dr Terry Hanelt

Contact No:

41 206859

Fax No:

41 206799

Subject:

Application to Attend Conference

File Ref:

It is advised that your application to attend the "The Business of Orthopaedics Conference" which is to be held on 20th –22nd March 2002 in Melbourne has been approved.

Approval is granted for (from your travel allowance)

- payment of the registration fee of \$605.00
- 4 nights accommodation
- airfares
- incidental allowance
- · meal allowance

Assistance with the prepayment of registration fee will be provided by the Director of Corporate Services.

On your return, it is a requirement that a personal comprehensive, yet concise typed written report, outlining six (6) significant issues relevant to the operations of the Fraser Coast District Health Service, be submitted to the Director of Medical Services within one (1) month of your return to duty. You are also expected to convey knowledge acquired at the course to other appropriate staff members.

Dr Terry Hanelt

Director of Medical Services

Fraser Coast Health Service District



Note: This form should reach i	IR 3 weeks pri	or to leave commend	ing.
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HR012

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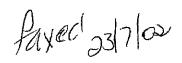
Note: This form should reach HR 3 weeks prior to leave commencing. CREWID EMPLOYEEID 4 ح **EMPLOYEE DETAILS** Given Names MORGAN NEELAN Sumame NAIDOO Class/Level Position Fitte SENIOR STAFF Contact No. Dept/Location. LEAVE REQUESTED No.of Days/Hours Nature of Leave 23/05/02 03 105/02 Recreation Leave £ First Day Last Day ☐ Long Service Leave Last Day First Day Certificate Yes Sick Leave Last Day First Day No Family Leave Certificate Yes 1 Last Day First Day Person Sick: Bereavement Leave Relationship to self: Last Day First Day (eg, Mother, father) 1 1 ☐ With Pay Special Leave Last Day First Day ☐ Without Pay Other (Please Specify) Last Day First Day (eg SARAS, Exam, Study, Conference, RDO) Previous To For AMENDED APPLICATION please supply previous dates: Previous From If Yes, on which date/s? ☐ No Are any ADO's/RDO's being taken in this period? ☐ No Is Higher Duties preceding this leave? PREFERRED PAYMENT Yes (Please tick one) Yes Is pay in advance required? Recreation Leave Paid in Usual Fortnights Half Pay Full Pay Long Service Leave (Please tick one) Yes (2 wks or greater) Is pay in advance required? Paid in Usual Fortnights Yes **EMPLOYEE AUTHORISATION** 24 104 102 house Date Signature DELEGATE'S AUTHORISATION I approve the above requested leave Designation Signature Contact No:

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Are any ADO's/RDO's bein	g take	n in this	s period	7			Yes 🗌 No	If Yes, o	on which date	/s?				
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Note: This form should reach HR 3 weeks prior to leave commencing.							
EMPLOYEE ID 045939	?. E C	REWID					
EMPLOYEE DETAILS				_			
Sumane NA1000	### Give	Names MORC	AN				
Position Title DIRECTOR ORTHO	i i clas	s/cever]			
DepVLocation	Con	ract No.					
LEAVE REQUESTED				7			
Nature of Leave	No.of Days/Hours	D	ates				
Recreation Leave		/ / First Day	/ / Last Day				
☐ Long Service Leave		/ / First Day	/ / Last Day				
☐ Sick Leave Certificate ☐ Yes ☐ No		/ / First Day	/ / Last Day				
☐ Family Leave Certificate ☐ Yes ☐ No		/ / First Day	/ / Last Day	_			
Person Sick:				19/152			
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Relationship to sell:	40	First Day	Last Day	Paro			
(eg, Mother, father)				Bresavement			
Special Leave With Pay Without Pay		/ / First Day	/ / Last Day	24 HOUNTHIE			
Other (Please Specify)		1 1	1 1	BEMARMINE			
(eg SARAS, Exam, Study, Conference, RDC))	First Day	Last Day \	15-21/1/02			
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Are any ADO's/RDO's being taken in this period?	Yes No	If Yes, on which date/s?					
Is Higher Duties preceding this leave?	Yes No						
PREFERRED PAYMENT							
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REPUBLIC OF SOUTH AFRICA **DEPARTMENT OF HOME AFFAIRS**

PARTICULARS FROM THE POPULATION REGISTER LR O:

DEATH/STERFTE

: "CMII

IDNR.:

200828 5143 08 8

SI NAME:

NATDOO

FIRST NAMES:

VICTRIAME: APPALISAMY

DATE OF BUILDER:

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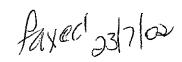
MARGITAL STATUS:

HUMPLIKSTATUS: MARRIED

DATE OF DEATH : 2002-07-07

PLACE OF DEATH : PLEK VAN AESTERWE: MONTCI AIR

CAUSE OF DEATH : CAUSES NATURAL CAUSES





Note: This form should reach HR 3 weeks prior to leave commencing.						
EMPLOYEE ID 0 4 5 9 3 9.	T.C	REWID				
EMPLOYEE DETAILS				-		
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Position Title DIRECTOR ORTHO	ille Clas	s/Level				
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☐ Recreation Leave		/ / First Day	/ / Last Day			
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Family Leave Certificate Yes		, ,	, ,			
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Person Sick:			· · · · · · · · · · · · · · · · · · ·	Phisa		
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Is Higher Duties preceding this leave?	Yes No					
PREFERRED PAYMENT						
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Long Service Leave Full Pay Half Pay (2 wks or greater) Paid in Usual Fortnights Yes	Is pay in advar	nce required?	(Please tick one)			
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FRASER COAST HEALTH SERVICE DISTRICT

ORTHOPAEDIC CONSULTANT COMBINED ROSTER

SEPTEMBER 2002

DAILY DUTY ORTHOPAEDIC SURGEON:

Orthopaedic Surgeon covering emergencies during NORMAL working hours ie: 0800-1700 Mon-Fri Excluding Public Holidays and Weekends

NB: * EMERGENCIES TO BE ADMITTED UNDER CARE OF DAILY DUTY ORTHOPAEDIC SURGEON OR DISTRICT ON CALL ORTHOPAEDIC SURGEON AS PER ROSTER

DISTRICT ON CALL ORTHOPAEDIC SURGEON:

Orthopaedic Surgeon covering emergencies Weekdays 1700-0800 Weekends 1700 Fri - 0800 Mon Public Holidays 0800 – 0800

DAY	DATE	HERVEY BAY DAILY 0800-1700 ADMIT & "ON CALL" DR
FRI	30	DR KRISHNA
SAT	31	DR KRISHNA
SUN	1/Sept	DR KRISHNA
MON	2/Sept	DR KRISHNA
TUE	3/Sept	DR KRISHNA
WED	4	DR MULLEN
THU	5	DR KRISHNA
FRI	6	DR KRISHNA
SAT	7	DR MULLEN
SUN	- 8	DR MULLEN
MON	9	DR KRISHNA
TUE	10	DR KRISHNA
WED	11	DR MULLEN
THU	12	DR NAIDOO
FRI	13	DR KRISHNA
SAT	14	DR PADAYACHEY
SUN	15	DR PADAYACHEY
MON	16	DR KRISHNA
TUE	17	DR KRISHNA
WED	18	DR MULLEN
THU	19	DR NAIDOO
FRI	20	DR NAIDOO
SAT	21	DR NAIDOO
SUN	22	DR NAIDOO
MON	23	DR KRISHNA
TUE	24	DR KRISHNA
WED	25	DR MULLEN
THU	26	DR NAIDOO
FRI	27	DR KRISHNA
SAT	28	DR KRISHNA
SUN	29	DR KRISHNA
MON	30	DR NAIDOO
TUE	1/Oct	DR NAIDOO
WED	2/Oct	DR MULLEN

MARYBOROUGH
DAILY 0800-1700 ADMIT & "ON CALL' DR
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	r
	LEAVE
	Dr Khursandi Leave 23/8 – 9/9
	Dr Naidoo Leave 5-6 Sept
	Dr
	Padayachey Leave 23-29/9
4.100.00 (December 2.000.000)	Dr Krishna Leave 30/9-4/10

DISTRIBUTION: ISSUED: 21.8.02

DRS: Hanelt / Padayachey / Naidoo / Pillay / Lip / Krishna / Khursandi / Ryan / Mullen

Ortho - PHO & RMO / Ann Spring-Elective / Perioperative / Emergency Reception / Payroll

Main Reception / Central Admissions / Barbara / Carita / Nurse Managers

QAS: Hervey Bay / Maryborough / NPC's - Surgical/Medical/Paediatric/Emergency

ROSTERS ARE SUBJECT TO CHANGE AT SHORT NOTICE IF IN DOUBT PLEASE CONTACT THE MEDICAL SUPPORT OFFICER FOR AN UPDATE

IF YOU ARE UNABLE TO WORK ON YOUR ROSTERED DAY(S) PLEASE ORGANISE A SWAP AND ADVISE THE MEDICAL SUPPORT OFFICER WHO WILL IN TURN ADVISE THE VARIOUS UNITS CONCERNED





Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

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ENTERED



MEMORA



To:

Dr Morgan Naidoo

Copies to:

Education Centre, Pay Office, Accounts Payable

From:

Dr Susan O'Dwyer

Contact No:

41 206859

Fax No:

41 206799

Subject:

Application to Attend Conference

File Ref:

It is advised that your application to attend the "62nd Annual Scientific Orthopaedic Meeting" which is to be held in Melbourne from 13th – 18th October 2002 has been approved.

Approval is granted for

• Pre-payment of the registration fee \$1380.00. Please mark cheque payable to "AOA Annual Scientific Meeting". Address as follows

Annual Scientific Meeting Australian Orthopaedic Association P O Box 235 NORTH BALWYN VIC 3104

- 4 days paid leave
- · meal allowance
- incidental allowance
- taxi vouchers x 4
- 5 nights accommodation at the Duxton Hotel in Melbourne
- · Return flights from Brisbane to Melbourne

Assistance with the prepayment of registration fee will be provided by the Director of Corporate Services

On your return, it is a requirement that a personal comprehensive, yet concise typed written report, outlining six (6) significant issues relevant to the operations of the Fraser Coast District Health Service, be submitted to the Director of Medical Services within one (1) month of your return to duty You are also expected to convey knowledge acquired at the course to other appropriate staff members.

Dr Susan O'Dwyer

A/Director of Medical Services Fraser Coast Health Service District

1/2002

APPLICATION FORMS: SMO STUDY LEAVE

PARTAL ARPLICANT'S D	ETAILS
Name:	DR. MORGAN. N. NATOO
Employee/Payroll No.:	
Contact Number:	(07) 41206666
Position:	DIRECTOR OF ORTHOPHEDICS SENIOR SPACE SPECIALIST
Division:	DRTHO PAEDICS
Administrative Head:	DR. T. WANELT
Facility:	HERUEY BAY HOSPITAL
District:	FRASER CORST HEACTH

PART 2: SUDETAILS OF PROPOSED PROGRAM OF STUDY
Dates of Proposed Study Leave (include travel time):
From: <u>28 10 02</u> To: <u>01 11 02</u>
Are you proposing to take other approved leave (eg. Annual leave) in conjunction with the proposed Study Leave? YES(NO)
Specify 2. From 28 / 70 / 22 To 57 / 70 / 22
Outline of Proposed Program of Study (include travel time) FOURTH ANNUAL PROPERTY OF THE CATHOLOGY Applicant must include full and detailed particulars in accordance with provisions of Agreement to enable prompt consideration of application. Attach a copy of any conference agendas if possible.
TRAVEL BY CAR T BRISBANE -
NERVEY BAY 20.10 02 and 3.11.02
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IN BRISBANE
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Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

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Long Service Leave In Lieu of Sick Leave	
Full Pay - Minimum of 14 Calendar Days	
Half Pay - Minimum of 28 Calendar Days	1 1 1
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Sick Leave Medical Certificate Attached ?	16 Q5/11/02 26/11/02
Family Leave (Special Responsibility) Medical Certificate Attached ?	
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Special Leave Without Pay	
Other (Please Specify	
(eg: SARAS, Exam, Study, Conference, Defence Service, Pre Natal)	1 1 1 1
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Are any ADOs being taken during this period?	Yes No If yes, on which date/s?
Is Higher Duties preceding this leave?	☐ Yes ☐ No
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Signature	Date 6 / [1/0]
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Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

			<u>for</u>	Paren	tal Lea	ve form.						
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Page 1 of 1

HR012

February 2002





Note: Applications for any leave relating to parental leave (eq: maternity, adoption) must be made on the Application for Parental Leave form. EMPLOYEE ID CREW ID ۍ 3 **EMPLOYEE DETAILS** Surname NA1000 Given Names MORGEN Position Title ੋਂ € Class/Level DIRECTOR Dept/Location 🖫 🖟 Contact No ORTHO PAEDICS LEAVE REQUESTED . No. of . المسترخ بالراق - الأول " Dates " All and " : Nature of Leave Days/Hours to b First Date of Leave Last Date of Leave Paid _ Recreation Leave In Lieu of Sick Leave 16 10 106103 11/00/03 Long Service Leave In Lieu of Sick Leave Full Pay - Minimum of 14 Calendar Days Half Pay - Minimum of 28 Calendar Days (Study or Family Purpose Only) Sick Leave Medical Certificate Attached ? 1 Ī ☐ Family Leave Medical Certificate Attached ? (Special Responsibility) 1 1 Relationship to self: 6ereavement Leave Ī 1 1 Relationship to self: With Pay Special Leave Without Pay Other (Please Specifi (eg. SARAS, Exam, Study, Conference, Defence Service, Pre Natal) To AMEND a previous application for leave please supply date: Previous dates: from Are any ADOs being taken during this period? ☐ Yes No If yes, on which date/s? Is Higher Duties preceding this leave? Yes PREFERRED METHOD OF PAYMENT Recreation Leave and Paid in standard fortnightly payments Long Service Leave Paid in advance (before commencement of leave) (Please tick / one) **EMPLOYEE SIGNATURE** the state Signature Date 30 **DELEGATE APPROVAL** I approve the above leave request Signature Date Name Contact No. Position Title Dept/Location OFFICEUSEONLY Processed by Checked by ESP Processed by Date 1



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Processed	Date:
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Processed C	Date: 29/7/03

(03

MEMORANDUM

To:

Dr Morgan Naidoo

Copies to:

Education Centre, Pay Office, Accounts Payable

From:

Dr Terry Hanelt

Contact No:

41 206859

Fax No:

41 206799

Subject: '

Application to Attend Workshop

File Ref:

It is advised that your application to attend the "Australian Orthopaedic Association" conference whish is to be held from 30 July 2003 until 1 August 2003 in Sydney has been approved.

Approval is granted for the payment for

• Payment of registration fee of \$605.00

Cheque to be made out to AOA Coe - Sydney,

P.O Box 235

North Balwyn Victoria 3104

- 4 nights accommodation at the "Mercure Apartments"
- meal/incidental allowance
- taxi vouchers x10 (for transport to and from airport and to and from conference venue to workshop)

Assistance with the prepayment of registration fee will be provided by the Director of Corporate Services.

On your return, it is a requirement that a personal comprehensive, yet concise typed written report, outlining six (6) significant issues relevant to the operations of the Fraser Coast District Health Service, be submitted to the Director of Medical Services within one (1) month of your return to duty. You are also expected to convey knowledge acquired at the course to other appropriate staff members.

DrlTerry Hanelt

Director of Medical Services

Fraser Coast Health Service District

THIS ROSTER ISSUED 29th JULY 2003

FRASER COAST HEALTH SERVICE DISTRICT

AUGUST 2003

<u>DISTRICT</u>

ORTHOPAEDIC AND SURGICAL CONSULTANT

PLUS MEDICAL OFFICER O/CALL ROSTER

DAY	DATE
TUES	29/JUL
WED	30/JUL
THU	31/JUL
FRI	1/AUG
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MEDICAL OFFICER	DISTRICT ORTHOPAEDIC CONSULTANT	DISTRICT SURGICAL CONSULTANT
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RANASINGHE	MULLEN	LUCKY
MAJID	PADAYACHEY	DIAZ
McGREGOR	KRISHNA	LUCKY
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PATHIRANA	SHARMA	DIAZ
MAJID	NAIDOO	LUCKY
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RANASINGHE	KRISHNA	VAN ROOYEN
PATHIRANA		LUCKY
McGREGOR		VAN ROOYEN

LEAVE
DR NAIDOO LEAVE 30/7 – 1/8
DR VAN ROOYEN LEAVE 31/7 – 10/8
DR PADAYACHEY LEAVE 3 – 16 AUG 03
DR NAIDOO LEAVE 11 – 15/AUG
DR NAIDOO LEAVE
DR NAIDOO LEAVE 1- 5/SEPT

DISTRIBUTION: NAIDOO / PADAYACHEY / KRISHNA / MAJID / RANASINGHE / McGREGOR / PRASAD R RANASINGHE / PATHIRANA / SURGICAL / PERIOPERATIVE / A & E RECEP /

NPC EMER / SWITCH / CENTRAL ADM / CARITA / BARBARA / N.MAN / MB SWITCH



BECEMED

10 OCT 2003



BASE HOSPITAL

APPLICATION FOR LEAVE

Note: Applications for any leave relating to parental leave (eq: maternity, adoption) must be made on the Application for Parental Leave form.

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Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

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Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

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Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form, **EMPLOYEE ID** حی 9 3 9 CREW ID **EMPLOYEE DETAILS** Surname NANDOO ™Given Names MORGAN NEELAN Position Title 01868702 ₹ Class/Level NO2.2 Dept/Location ORTHOPAEDICS Contact No LEAVE REQUESTED No. of Dates | :: Nature of Leave Days/Hours to b First Date of Leave Last Date of Leave 三章 Paid で Recreation Leave In Lieu of Sick Leave 1 ☐ Long Service Leave In Lieu of Sick Leave Full Pay - Minimum of 14 Calendar Days Half Pay - Minimum of 28 Calendar Days (Study or Family Purpose Only) Sick Leave Medical Certificate Attached ? [] /6 16 18 112103 19 112 102 Family Leave Medical Certificate Attached ? (Special Responsibility) 1 1 Relationship to self: Eereavement Leave 1 1 1 Relationship to self: With Pay Special Leave 1 1 Without Pay Other (Please Specifi 1 (eg: SARAS, Exam, Sludy, Conference, Defence Service, Pre Natal) To AMEND a previous application for leave please supply date: Previous dates: from 1 Are any ADOs being taken during this period? ☐ Yes No If yes, on which date/s? Is Higher Duties preceding this leave? Yes Yes No PREFERRED METHOD OF PAYMENT Recreation Leave and Paid in standard fortnightly payments Long Service Leave Paid in advance (before commencement of leave) (Please tick ✓ one) \Box **EMPLOYEE SIGNATURE** Signature Date 1/ 03 DELEGATE APPROVAL I approve the above leave request Signature Date 03 Name Contact No. Position Title Dept/Location OFFICEUSEONLY Processed by Checked by ESP Processed by - Date 1





Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

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FRASER COAST HEALTH SERVICE DISTRICT

JANUARY 2004

DISTRICT

NB: *

ORTHOPAEDIC MEDICAL OFFICER ON-CALL ROSTER

DAILY DUTY ORTHOPAEDIC MEDICAL OFFICER:

DISTRICT ON CALL ORTHOPAEDIC MEDICAL OFFICER:

Orthopaedic Medical Officer covering emergencies during NORMAL working hours i.e.: 0800-1700 Mon-Fri Excluding Public Holidays and Weekends

Orthopaedic Medical Officer covering emergencies Weekdays 1700-0800 Weekends 1700 Fri - 0800 Mon

Public Holidays 0800 - 0800

EMERGENCIES TO BE ADMITTED UNDER CARE OF DAILY DUTY

ORTHOPAEDIC MEDICAL OFFICER OR DISTRICT ON CALL ORTHOPAEDIC MEDICAL OFFICER AS PER ROSTER

		IC MEDICAL OFFICER OR DISTR			· CK
DAY	DATE	HERVEY BAY DAILY 0800-1700 ADMIT & ON-CALL DR	MARYBOROUGH DAILY 0800-1700 ADMIT & ON-CALL DR	DISTRICT ON-CALL MEDICAL OFFICER	LEAVE
TUES	30 DEC	SHARMA	PADAYACHEY	SHARMA	
WED	31 DEC	SHARMA	PADAYACHEY	PADAYACHEY	
THURS	1 JAN			PADAYACHEY	NEW YEARS DAY
FRI	2JAN			PADAYACHEY	ILW ILARS DAT
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SUN	4			PADAYACHEY	
MON	5	SHARMA	PADAYACHEY	NAIDOO	
TUES	6	SHARMA	PADAYACHEY	SHARMA	
WED	7	SHARMA	PADAYACHEY	NAIDOO	
THURS	8	SHARMA	PADAYACHEY	PADAYACHEY	
FRI	9	SHARMA	PADAYACHEY	NAIDOO	
SAT	10			NAIDOO	
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DISTRIBUTION: NAIDOO / PADAYACHEY / KRISHNA / SHARMA / LIP / RYAN / ORTHO PHO & RMO / THEATRE / SURGICAL / MEDICAL / PAEDIATRIC / NURSE MANAGER / SWITCH HBH & MBH / CENTRAL ADMISSIONS / A&E RECEPTION / SPECIALIST CLINICS HBH &MBH / CARITA / BARBARA

ROSTERS ARE SUBJECT TO CHANGE AT SHORT NOTICE!



Queensland Health

MEMORANDUM

To:

Dr Morgan Naidoo, Director of Orthopaedics

Copies to:

Accounts Payable, Pay Office, Education Centre, ESO Medical HBH

From:

Dr Terry Hanelt

Director of Medical Services

Contact No:

41 238 355

Fax No:

41 231 606

Subject:

Study Leave

File Ref:

It is advised that your application for study leave from 1 to 26 March 2004, has been approved (schedule attached).

Approval has been granted for the following to the value of \$10,831.81.

- Accommodation to be booked by yourself and refunded on presentation of receipts
- Air Fare, Car Hire and taxi vouchers on presentation of receipts.
- ◆ Registration at various conferences/workshops to be refunded on presentation of receipts
- ♦ Incidental allowance/meals as per claim

On your return from the Conference it is a requirement that a personal comprehensive, yet concise typewritten report, outlining six significant issues relevant to the operation of the Fraser Coast Health Service District, be submitted to the Director Medical Service or A/Medical Superintendent within one month of your return to duty. It is also requested that on your return you organise a workshop with your Hervey Bay/Maryborough Colleagues to advise them of what you have learnt.

Terry Hanelt

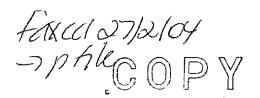
Director of Medical Services

FRASER COAST HEALTH SERVICE DISTRICT

18/02/04

Attach:





Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form.

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Is Higher Duties preceding this leave?	Yes No				
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APPLICATION FOR LEAVE

Note: Applications for any leave relating to parental leave (eg: maternity, adoption) must be made on the Application for Parental Leave form. EMPLOYEEID 5 CREWID _ی 3 52 **EMPLOYEE DETAILS** a filozofia NAKOOO Given Names 1000000 NEELAW Position Tille Class/Level DIRECTOR 1402-2 DepVLocation Contact No. ORTH LEAVE REQUESTED Nature of Leave No of Days/Hours to be Paid Dates and Line was First Date of Leave Last Date of Leave Recreation Leave In Lieu of Sick Leave 3.2 16 10410ge 102100 ☐ Long Service Leave In Lieu of Sick Leave ☐ Full Pay (Minimum of 14 Calendar Days) 1 1 ☐ Half Pay (Minimum of 28 Calendar Days) Study or Family Purpose Leave (For Half Pay only) ☐ Sick Leave Medical Certificate Attached? 1 1 I☐ Family Leave Medical Certificate Attached ? (Special Responsibility) 1 1 1 Relationship to self: Bereavement Leave 1 1 1 1 Relationship to self: With Pay Special Leave Without Pay Other (Please Specify) 1 1 (eg: SARAS, Exam, Study, Conference, Defence Service, Pre Natal) lo AMEND arprevious apolication for leave please supply dates... Previous dates: from 1 Are any ADOs being taken during this period? ☐ Yes ☐ No If yes, on which date/s? Ts: Higher Duties preceding this deave? ☐ Yes □ No PREFERRED METHOD OF PAYMENT Recreation Leave and Paid in standard fortnightly payments Cong Service Leave (Leave applications requiring Pay in Applications (Leave period) Paid in advance (before commencement of leave) (Leave applications requiring Pay in Advance are to be received in HR/Payroll no later than 3 weeks **EMPLOYEE SIGNATURE** Signature Date 1021000 DELEGATE APPROVAL I approve the above leave request Signature Date: Name: Contact No. Position Title Dept/Location OFFICE USE ONLY Processed by / / Ghecked by ESP Processed by: Date: / / /

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HR012



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APPLICATION FOR LEAVE

Note: This form should reach HR 3 weeks prior to leave commencing.								
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Queensland Health

MEMORANDUM

To:

Dr Morgan Naidoo, Director of Orthopaedics

Copies to:

Accounts Payable, Pay Office, Education Centre, ESO Medical HBH

From:

Dr Terry Hanelt

Contact No:

41 238 355

Director of Medical Services

Fax No:

41 231 606

Subject:

Conference Leave

It is advised that your application for conference leave to attend the 2004 Combined New Zealand and Australian Orthopaedics Foot and Ankle Society Conference in Queenstown, New Zealand from 4 to 6 August 2004 has been approved.

Approval has been granted for the following:

- > 3 days paid conference leave.
- > Return airfares from Brisbane to Queenstown/Christchurch to be booked through travel hub.
- > 4 nights accommodation in Queenstown/Christchurch to be booked through travel hub.
- > Registration fee of \$1150 to be paid by yourself and refunded on presentation of receipt.
- > Actual reasonable expenses on presentation of receipts.

On your return from the Conference leave you must, within two (2) months of return from Conference Leave, disseminate knowledge gained from the Conference. This may include, but shall not be limited to:

- provision of report(s);
- presentation of findings; and
- publications

Terry Hanelt

Director of Medical Services

FRASER COAST HEALTH SERVICE DISTRICT

04/08/04

From:

Terry Hanelt

To:

Champion, Karen; Dwyer, Barbara; Erwin, Dale; Gupta, Harish; Krishna, Damodaran; McKenna, Leigh; Meyers, Kerri; Padayachey, Veruthaslam; PAPE, Janet; Pope,

Nola; s.mullen@bigpond.net.au; Sharma, Dinesh; Spring, Ann; Walters, Melinda

Date:

23/08/2004 11:38am

Subject:

Dr Naidoo.

Dr Naidoo remain in hospital in Brisbane and is not expected to be discharged prior to the end of this

For this week we need to cancel/modify the Ortho lists and clinics that he is involved in to what can be managed by the SMO's.

Could theatre and clinics talk to the SMO's and negotiate what needs to be done.

Could Barb please send a copy of this e-mail to Dr Gupta so that he is aware.

For any ortho concerns where consultant advice is needed, please contact Dr Mullen if he is on-call or contact Bundaberg or Nambour hospitals.

Terry H

CC:

Allsopp, Mike; Pease, Meryn; Rampton, Julie

From:

Terry Hanelt

To:

Erwin, Dale; Harvey, Peter; Krishna, Damodaran; PAPE, Janet; Sharma, Dinesh;

Spring, Ann; Van Rooyen, Petrus; Walters, Melinda

Date:

20/08/2004 10:14am

Subject:

Dr Naidoo sick-leave.

Dear all,

I contacted Dr Naidoo's family in Brisbane today.

He is improving but is still in hospital at this stage.

Thus it seems unlikely he will be back on duty early next week and perhaps not later in the week.

It is sensible to cancel the OPD clinics for Monday now.

Should also look at the theatre lists and see if there are cases that will need cancelling if he is not back for the OT lists and see if there are alternate patients that could be done by the SMO's.

I will ring again on Monday to get an update on his condition

Terry H

CC:

Allsopp, Mike; Pease, Meryn; Rampton, Julie

From:

Carita Sellers

To:

Hanelt, Terry 16/08/2004 3:57pm

Date: Subject:

DR NAIDOO

Hey Boss,

Just received a call from Naidoo's son to say he is in hospital and won't be in for the rest of the week.

See ya tomorrow

Jacinta

NAIDOO

From:

Terry Hanelt

To:

Erwin, Dale; Gupta, Harish; Krishna, Damodaran; McKenna, Leigh; PAPE, Janet;

Pope, Nola; Sharma, Dinesh; Spring, Ann; Walters, Melinda; Winston, Theresa

Date:

26/08/2004 5:15pm

Subject:

Ortho arrangements.

Dr Naidoo is in hospital and has undergone surgery

He is unlikely to be able to operate for at least 4 weeks.

He may be able to resume clinics a little earlier but we must simply wait and see.

The SMO's can obtain advice on patient management from Dr Mullen when on-call or from the Orthopods at Bundaberg or Nambour who have been made aware of he situation

Ann Spring and Dale Erwin can sort out what to do with the Ortho lists after discussion with the SMO's. Basically anything that they are happy with other than joint replacements can go on the lists.

Could clinics staff please discuss with the SMO's what modification will be necessary for the Ortho Clinics at HBH. It may be necessary to troll through the referrals to try to pick out likely cases suitable for the SMO's

Dr Paddy is away next Monday and Tuesday according to the leave roster. I believe clinics have been booked at HBH for Dr Gupta for Monday. Thus there is potential for double booking for Monday am # clinic at MH and OrthoOPD at HBH, Monday pm Ortho Clinics at MH and HBH at same time and on Tuesday the pm Ortho Clinic at MH with the OT session at HBH. Could Clinics staff at both sotes please liaise over this urgently and resolve any clashes.

Please let me know what the outcomes of the changes are I will advise once I know more of when Morgan may become available again

Terry H

CC:

Dwyer, Barbara; Gopalan, Vinod; O'Dwyer, Susan; Pease, Meryn; Rampton,

Julie



Queensland Health

MEMORANDUM

To:

Dr Morgan Naidoo, Director of Orthopaedics

Copies to:

Accounts Payable, Pay Office, Education Centre, ESO Medical HBH

From:

Dr Terry Hanelt

Contact No: 41

41 238 355

Director of Medical Services

Fax No:

41 231 606

Subject:

Study Leave

It is advised that your application for study leave to attend the 14 Triennial Congress APOA in Kuala Lumpur from 3 to 12 September has been approved.

Approval has been granted for the following:

- > 6 days paid study leave.
- > Return airfares from Brisbane to Kuala Lumpur to be booked through Travel Hub
- > 9 nights accommodation to be organised by yourself and refunded on presentation of receipts.
- Registration fee of \$715 to be paid by yourself and refunded on presentation of receipt.
- > Actual reasonable expenses on presentation of receipts.

On your return from the Conference leave you must, within two (2) months of return from Conference Leave, disseminate knowledge gained from the Conference. This may include, but shall not be limited to:

- provision of report(s);
- presentation of findings; and
- publications

Terry Hanelt

Director of Medical Services

FRASER COAST HEALTH SERVICE DISTRICT

27/08/04



Queensland Health

MEMORANDUM

To:

Dr Morgan Naidoo, Director of Orthopaedics

Copies to:

Accounts Payable, Pay Office, Education Centre, ESO Medical HBH

From:

Dr Terry Hanelt

Director of Medical Services

Contact No: 41 238 355

Fax No: 41 231 606

Subject:

Study Leave

It is advised that your application for Study Leave from 20 September to 8 October 2004 to attend the ABG Hip Surgeon Scientific Meeting in Nimes, France on 22 & 23 September 2004, followed by conferences in Montpellier has been approved.

Approval has been granted for the following:

- ➤ 15 days paid study leave.
- > 14 night's accommodation to be booked through travel hub.
- > Actual reasonable expenses on presentation of receipts.

On your return from the Conference leave you must, within two (2) months of return from Conference Leave, disseminate knowledge gained from the Conference This may include, but shall not be limited to:

- provision of report(s);
- presentation of findings; and
- publications

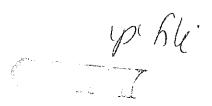
Terry Hanelt

Director of Medical Services

FRASER COAST HEALTH SERVICE DISTRICT

06/08/04





Note: This form should reac	S S	nor to leave comme	encing.
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March 2003

Note: App	lications for any leave relating to parental	leave (eq: maternity	, adoption) must be m	ade on the Application
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Note: Applications for any leave relating to parental le	ave eg. maternity, a	adoption, must be ma	de on the Application f
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Note: Applications for any leave relating to parental leave eg. maternity, adoption, must be made on the Application for Parental Leave form HR013					
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Note: Applications for any leave relating to parental le	ave eg. maternity, ac	doption, must be mad	le on the Application f			
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Page 1 of 1

May 2004



Note: Applications for any leave relating to parental leave eg. maternity, adoption, must be made on the Application for Parental Leave form HR013 EMPLOYEE ID £ تخ (4) 11 ブ CREWID **EMPLOYEE DETAILS** Surname* NADOC Given Names MORGAN Position Title ログモヒアひくく Class/Level SENDOR SPECIPLIST Dept/Location ORTH C402 842 448 Contact No LEAVE REQUESTED No of Days or Nature of Leave Hours to be Paid First Date of Leave Last Date of Leave Recreation Leave In Lieu of Sick Leave Long Service Leave ☐ In Lieu of Sick Leave 1 1 (Min of 14 Calendar Days excluding public holidays) 1 1 Long Service Leave for Study or Family Leave 1 Full Pay (Min of 14 Calendar Days excl public holidays) Half Pay (Min of 28 Calendar Days excl public holidays) 7 1 ☐ Sick Leave Medical Certificate Attached ? 1 1 1 1 Family Leave -Medical Certificate Attached ? Special Responsibility 1 1 1 1 Relationship to self; ☐ Bereavement Leave Relationship to self: Ī 1 1 ☐ Special Leave ☐ With Pay ☐ Without Pav 1 I^{\perp} CONFERENCE Other (Please Specify) 241425 20 107 105 22 107105 eg: SARAS, Exam, Study, Conference, Defence Service, Pre Natal To AMEND a previous application for leave please supply dates. Previous dates: from Are any ADOs being taken during this period? Yes Yes No If yes, on which date/s? Is Higher Duties immediately preceding this leave? Yes No PREFERRED METHOD OF PAYMENT Paid in standard fortnightly payments Recreation Leave and Paid in advance (before commencement of leave) Long Service Leave Leave applications requiring Pay in Advance are to be received in HR/Payroll no later than 3 weeks Please tick Vone prior to the start of the leave period Employee Signature Date 131 00 1 as Supervisor Signature Date 2016 15 Delegate Signature Date Contact No Dept/Location Relief Required? Yes Name if known Processed by 1 Checked by 1 1 ESP Processed by Date Ī

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Page 1 of 19191871740

Dr. A Christensen MBBS FRANZCP

22 Sargent St New Farm 4005 Phone 0732540639 Fax 0732540067 Pager/Mobile 0413129434

MEDICAL CERTIFICATE

This is to certify that Dr Morgan Naidoo is receiving medical treatment from myself. For the period						
15/8/05	to	15/9/05	inclusive			
he will be unfit to pursue his usual occupation.						
Yours truly, Dr Andrew Christensen			,			