

Leave Application Form – Apprentices & Trainees

Section A – To be completed by the Apprentice or Trainee

Employee's Name:

Commencing leave on the morning of: Day..... Date/...../.....

Returning to work on the morning of: Day..... Date/...../.....

Reason For Leave:

Annual Leave Days

Personal Leave Days

Bereavement Leave Days

Leave Without Pay Days (circle one – Personal Annual Other)

Public Holidays Days

RDO Days Days RDO Dates:

Total Work Days Days

If taking Leave Without Pay the reason is:

.....
.....
.....

If taking Leave Without Pay – Other, Review Date agreed with Employment Co-ordinator:/...../.....

Employee's Signature: Date:/...../.....

This form must be received by APlus two weeks prior to taking annual leave of 1 week or more

- Annual leave should be taken within the twelve month period in which it is accrued
- You have an obligation to attend all formal training. Annual Leave should not be taken if you are scheduled to attend off-the-job training

Section B – To be completed by the Host Employer

I, (Please print name): of

(Name of Business)approve this leave request.

Signed: Date: