

## APPLICATION FOR LEAVE

Apprentice / Trainee: \_\_\_\_\_ Date: \_\_\_\_\_

Host Employer: \_\_\_\_\_

### TYPE OF LEAVE

Please indicate type of leave that you require by placing a ✓ in the appropriate boxes

- Annual  Sick  
 Without Pay  Compassionate  
 Other \_\_\_\_\_

### REQUESTED DATES OF LEAVE

From: \_\_\_\_\_ To: \_\_\_\_\_  
Day / Month / Year Day / Month / Year

First Day Absent: \_\_\_\_\_ Last Day Absent: \_\_\_\_\_  
Day / Month / Year Day / Month / Year

Total Number of Days Absent: \_\_\_\_\_ Total Hours Absent: \_\_\_\_\_

Period of leave approved:  Yes  No



Apprentice / Trainee Signature

Date: \_\_\_\_\_



Employer / Host Signature

Date: \_\_\_\_\_

**FAX COMPLETED FORM TO STE ON 1800 648 496**