

## 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

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Annual      | <input type="checkbox"/> Sick          |
| <input type="checkbox"/> Without Pay | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Other _____ |  |

### REQUESTED DATES OF LEAVE

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

First Day Absent: _____ Day / Month / Year	Last Day Absent: _____ 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**