

Apprentice/ Trainee Name:		Date:	
Host Company Name:			
Authorised Host Employer Name:			
Type of Leave: (Please tick the appropriate box)	<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:	First Day Absent: _____ / _____ / _____ Day      Month      Year	Last Day Absent: _____ / _____ / _____ Day      Month      Year	
Date Returning to Work:			
Total Number of Days Absent:		Total Hours of Leave:	
Period of leave approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Apprentice/ Trainee Signature:		Date:	
Employer/ Host Signature:		Date:	

Please return completed form by:

- Fax to 1800 648 496 (free fax number)
- Email to payroll@1300apprentice.com.au