1300 apprentice

LEAVE APPLICATION

Apprentice/ Trainee Name:		Date:
Host Company Name:		
Authorised Host Employer Name:		
Type of Leave: (Please tick the appropriate box)	☐ Annual ☐ Without Pay ☐ Compassionate ☐ Sick, certificate attached: Yes ☐ No ☐ ☐ 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 ☐ No ☐	

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