

Apprentice/Trainee Leave Application Form

For internal ref: A copy of this form is emailed to Administration

To apply for any form of leave, paid or unpaid, please complete this form and forward to enquiries@directionswa.com.au

Employee Name:	_____
Host Company:	_____
Host Company Supervisor:	_____
Date of application:	___ / ___ / 20___

I wish to apply for leave as follows:

Type of Leave	First Day of Leave	Last Day of Leave	First Day Back at Work	Total Hours/Days
Annual leave with pay				
Annual leave without pay				
Sick / Carers leave				
Compassionate leave				
Domestic Violence leave				
Rostered Day Off (RDO)				
Other – please specify: _____				

Has supporting documentation (e.g. medical certificates) been provided? YES NO
Has the host company been advised of this application for leave? YES NO

Employee signature: _____

Approved by (name):	_____
Approver's signature:	_____
Date approved:	___ / ___ / 20___

OFFICE USE ONLY
Payroll entered by: _____
Date entered: ___ / ___ / 20___
Payroll period: ___ / ___ / 20___

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