

Apprentice/Trainee Leave Application Form

To be emailed to: payroll@directionswa.com.au

OR Faxed to: 9274 3914

Pay Period Ending: ____/____/____

Employee's Name: _____

Host Employer: _____

| Type | First Day of Leave | Last Day of Leave | Total Hours or Days |
|-------------------|--------------------|-------------------|---------------------|
| Annual | | | |
| Sick | | | |
| Carers | | | |
| Bereavement Leave | | | |
| RDO | | | |
| Leave Without Pay | | | |

Employee Signature _____

Date _____

Approved by (Name) _____

Signature _____

Date _____

OFFICE USE ONLY

| Payroll Entered By | Date | Pay Period |
|--------------------|------|------------|
| | | |