

## Apprentice/Trainee Leave Application Form

Name

Mobile:

Host Employer

Phone:

Leave type	First day of leave	Last day of leave	Number of days leave	Number of hours leave
<input type="checkbox"/> Personal Leave <input type="checkbox"/> <i>Doctor's certificate attached?</i>				
<input type="checkbox"/> Annual				
<input type="checkbox"/> Unpaid				
<input type="checkbox"/> Compassionate				
<i>(please tick box above)</i>		Totals		
Comments				
Employee signature			Date	

### Training Coordinator approval

Training organisation checked: Yes  No

Leave approved: Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Host Employer approval

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Administration Manager to complete

Number of days/hours leave requested: \_\_\_\_\_ Total number of days/hours eligible: \_\_\_\_\_

Leave recommended: Yes  No

Leave schedule updated:

Copy given to employee:

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_