LEAVE APPLICATION FORM

Apprenticeships R US

Employee Name:	Date:
Host Name:	

LEAVE REQUESTED:

Annual Leave ☐	PAY WEEKLY
Sick/Carers Leave ☐	DOCTORS CERTIFICATE ATTACHED ☐ OTHER SUPPORT DOCUMENTATION ATTACHED ☐
Other Leave ☐	Jury Duty ☐ Bereavement Leave ☐ Study Leave ☐ Other (Specify) ☐
Unpaid Leave ☐	REASON:

First Day of Leave (insert date): _____

Last Day of Leave (insert date): _____

Total Number of Days Off: _____

Less Public Holidays: _____

Total Days Leave Required: _____

I declare this to be a true and accurate record of my absence.	
Employee Signature:	Date:

Supervisors Signature:	Date: