

Apprentice Leave Application (FIN-PA006-01)



This form comes from the following procedure: FIN-PA006 Apprentice Leave Procedure

ANNUAL LEAVE TO BE SUBMITTED TO GTNT TWO (2) WEEKS PRIOR TO TAKING LEAVE

This form can be used for the following leave options:

Code	Description	Code	Description	Code	Description
AL	Annual Leave	COM	Compassionate Leave	LWOP	Leave Without Pay
SL	Sick Leave	W/C	Workers Compensation	OTH	Other

Employee Details

Apprentice Name: _____

Host Employer: _____ Contact: _____

Apprentice Signature: _____ Date: ____/____/____

Type of Leave Requested

Code	First day of leave	Last day of leave	From am/pm	To am/pm	Lunch Break Taken (for part day leave only)	Hours (Payroll use only)
	/ /	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	

(tick) All relevant documents attached. i.e. Medical Certificate

Other Leave Details:

Compassionate Leave: Relationship to person: E.g. Grandmother _____

Note: Compassionate leave can be taken when a member of an employee's immediate family dies or suffers a life-threatening illness or injury. Immediate family is an employee's Spouse, De Facto Partner, Child, Parent, Grandparent, Grandchild, Sibling or a Child, Parent, Grandparent, Grandchild or Sibling of the employee's Spouse or De Facto Partner.

Shift worker's only: Leave to be paid as per shift roster? Yes No

Host Employer Approval

Supervisor Name: _____

Position Title: _____

Leave Approved? Yes No

Reason if unapproved? _____

Signature: _____ Date: ____/____/____

Payroll use only

Date Leave accrued at: _____ Hours: _____

W/E Date Leave Paid: _____ Hours Paid _____

This form also relates to the following other forms: Nil