

Apprentice/ Trainee Name:		Date:
Host Company Name:		
Authorised Host Employer Name:		
Type of Leave: (Please tick the appropriate box)	<input type="checkbox"/> Annual <input type="checkbox"/> Without Pay  <input type="checkbox"/> Compassionate, attached evidence: Yes <input type="checkbox"/> No <input type="checkbox"/>  <input type="checkbox"/> Sick, Doctors certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>  <input type="checkbox"/> Other: _____	
Requested Dates of Leave:	First Day Absent: _____ / _____ / _____ Day           Month           Year	Last Day Absent: _____ / _____ / _____ Day           Month           Year
Date Returning to Work:		
Total Number of Days Absent:		Total Hours of Leave:
Period of leave approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Apprentice/ Trainee Signature:		Date:
Employer/ Host Signature:		Date:

Please return completed form by:

- Fax to 1800 648 496 (free fax number)
- Email to payroll@1300apprentice.com.au