

Smart Employment Solutions

(ABN 68 067 508 338)
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Leave Application

Apprentices / Trainees wishing to take Leave **must** complete this form and have the signature of their Host Employer confirming the request.

The application is to be submitted **at least one (1) month prior** to the requested Leave dates. For Sick and Bereavement Leave, please return the form ASAP upon return to work. Failure to do so may result in your Leave request not being approved.

Date: _____ Employment Coordinator: _____

Applicant's Name: _____

Host Employer: _____

I wish to apply for the following type of leave:

(if you wish to use multiple types to cover your requested dates, please tick each type. eg: Annual Leave and RDO)

- Annual Leave
- Requested Leave Without Pay – Reason: _____
- Sick Leave
- Sick Leave Without Pay
- RDO
- Bereavement Leave – Relationship to deceased: _____

Dates of Leave:

- **From** (Circle which day) **M T W T F S S**
 (Date) _____ First day of Annual Leave
- **To** (Circle which day) **M T W T F S S**
 (Date) _____ Last day of Annual Leave
- **First Day Back At Work** (Circle which day) **M T W T F S S**
 (Date) _____ First day back at work

I would like my leave to be paid (please select one):

- Weekly like a normal pay **or** Total in advance

If I do not have enough hours to cover annual leave (please tick):

- I understand I will be taking requested leave without pay

Applicant's Signature: _____

Host Employer's Signature: _____

Employment Coordinator Signature: _____

IMPORTANT

This form must be returned **immediately**
 for processing to prevent delays in payment.