



APPLICATION FOR LEAVE

DATE OF APPLICATION _____ Request Pay In Advance
or
Paid As Regular Pay

TYPE OF LEAVE TO BE TAKEN

Annual Leave

Sick Leave

Unpaid Leave

NAME: _____

COMMENCEMENT DATE: _____ COMPLETION DATE: _____

DATE RETURNING TO WORK: _____

PLEASE NOTE: To ensure application is approved and wages processed, this form plus relevant **timesheets for this leave period must be submitted** to the immediate supervisor/apprentice service officer **14 days prior** to the commencement of leave.

EMPLOYEE SIGNATURE: _____

Approved by:

Host: _____ / /

OFFICE USE ONLY		
Payroll		
Current Leave Balance	Total Leave Requested	Proposed New Leave Balance
Apprentice Service Officer: Name: _____		Date: / /
Signature: _____		

NOTIFICATION OF APPROVAL

APPROVED YES NO

If no, reason:

