



LEAVE APPLICATION FORM

Surname: _____ First Name: _____

First Day of Leave: _____ Final day of Leave: _____

MONTH	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Type of Leave: **Annual** **RDO** **Sick**
 Leave Without Pay (please provide a reason for LWOP)

Applicant's Signature: _____ Date: _____

Host Employer Approval: YES NO

Signed: _____ Date: _____

East Coast Apprenticeships Approval: YES NO

Signed: _____ Date: _____

**Please return this form to the Finance Department either by fax to 07 3205 8830 or
email to timesheets@ecapprenticeships.com.au**