



## 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 (LWOP)

Please note that a request for LWOP will only be considered once RDO entitlement (if applicable) is utilised.

If Annual Leave entitlement is not being taken, please provide an explanation as to why

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature:      X   \_\_\_\_\_

Date:

Host Employer Signature:      X   \_\_\_\_\_

Date:

East Coast Apprenticeships Signature:      X   \_\_\_\_\_

Date:

**Please return this form to the Finance Department by email to  
timesheets@ecapprenticeships.com.au**