

Leave Request Form

This form is to be completed by the employee when applying for leave. It must be signed by the host then forwarded to Apprenticeships Queensland for approval.

Employee Name:.....
(Family Name) (Given Name)

Payroll No:..... Sign: Date:.....

Monday		Tuesday		Wednesday		Thursday		Friday	
Date	Type	Date	Type	Date	Type	Date	Type	Date	Type

Leave Codes:	ANN	Annual Leave	RDO	Rostered Time off
	LWOP*	Leave without pay - *reason must stated in comments		

Comments:
.....
.....

*Reason must be stated in Comments

For leave to be paid in advance, you must make the request in writing to payroll.

Note: IF EMPLOYEE DOES NOT HAVE SUFFICIENT LEAVE, THE APPLICATION WILL BE TREATED AS LEAVE WITHOUT PAY – (YOU MAY OPT TO USE AN ACCRUED RDO TO REPLACE ANNUAL LEAVE OR VICE VERSA)

Host Trainer Name:.....

Host Trainer Signature: Date:.....

EC Signature..... Date:.....

For LWOP only BOM Approval..... Date:

Pay Office Use Only:

CODE	Days	Hours	Days	Hours	Days	Hours	Days	Hours