

TRAINEE & APPRENTICE PLACEMENT SERVICES INC

APPLICATION FOR LEAVE

NAME: _____

CURRENT HOST EMPLOYER: _____

I HEREBY APPLY FOR _____ WORKING DAYS

- ANNUAL LEAVE _____ days
- PUBLIC HOLIDAY / S _____ days
- R D O _____ days
- LEAVE WITHOUT PAY _____ days
- SICK LEAVE _____ days
- DAYS IN LIEU _____ days

(please tick appropriate box and specify)

FIRST ABSENT DAY OF LEAVE _____

LAST ABSENT DAY OF LEAVE _____

HOST EMPLOYER APPROVED _____

Host Employers Signature

Employees Signature

Date

