

APPRENTICE/TRAINEE LEAVE APPLICATION



TELEPHONE: (08) 8433 1200

FAX: (08) 8433 1212

The Apprentice/Trainee is to enter all their details in the relevant columns within 20 days prior to the first day of leave. This leave form is then to be handed to the Host Employer (or their representative) to be completed and signed in the Host Employer section.

PLEASE NOTE: LEAVE WILL NOT BE GRANTED DURING SCHEDULED TRADE SCHOOL ATTENDANCE. If you request leave during scheduled trade school attendance without prior approval from TAPS, your leave may be declined.

APPRENTICE/TRAINEE SECTION			
APPRENTICE/TRAINEE NAME IN FULL			
FIRST DAY ABSENT	/ /	LAST DAY LEAVE	/ /
TYPE OF LEAVE REQUESTED		<input checked="" type="checkbox"/>	NUMBER OF DAYS
ANNUAL LEAVE		<input type="checkbox"/>	
PERSONAL LEAVE e.g. Sick or Carer's		<input type="checkbox"/>	
ROSTERED DAY OFF (RDO)		<input type="checkbox"/>	
PUBLIC HOLIDAYS		<input type="checkbox"/>	
JURY DUTY		<input type="checkbox"/>	
BEREAVEMENT LEAVE		<input type="checkbox"/>	
LEAVE WITHOUT PAY (LWOP) Please give reason if greater than 5 days		<input type="checkbox"/>	
OTHER (Please specify)		<input type="checkbox"/>	
TOTAL NUMBER OF WORKING DAYS OFF			
SIGNATURE		DATE	/ /

HOST EMPLOYER SECTION			
HOST EMPLOYER (COMPANY NAME)			
NAME AND POSITION HELD			
SIGNATURE		DATE APPROVED	/ /

*ANNUAL LEAVE PAID IN ADVANCE OR WEEKLY

OFFICE USE ONLY