

electrogroup

EG 12.1 APPRENTICE / TRAINEE LEAVE FORM



Employee Name: _____

Host Trainer: _____ Location: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Accrued RDO* | <input type="checkbox"/> Unpaid Personal Carers* |
| <input type="checkbox"/> Paid Personal Carers*
(Inclusive of sick Leave) | <input type="checkbox"/> Jury Duty* | <input type="checkbox"/> Military Leave* |
| <input type="checkbox"/> Maternity Leave* | <input type="checkbox"/> Paternity Leave* | <input type="checkbox"/> Leave without Pay |
| <input type="checkbox"/> Compassionate Leave* | | |

* Documents may be required to substantiate leave

Leave will not be granted if it coincides with a day you are scheduled to attend technical training

Period absent: Last day on the job _____ First day back on the job: _____

Period of Leave: _____ from ___/___/___ to ___/___/___ Total _____ days

Annual Leave _____ + Public Holidays _____ + RDOs _____ = Total _____ days

Whilst on leave you will be paid in advance

Employee Comments: _____

Signed by Employee: _____ Date ___/___/___

Approved by Host Employer: _____ Date ___/___/___

Approved by Field Officer: _____ Date ___/___/___

FOR PAYROLL USE:

Leave Entitlement due: _____ at ___/___/___ Leave Recorded: _____ Date: ___/___/___

Comments: _____

PLEASE RETURN COMPLETED FORM TO PAYROLL BY EITHER:

FACSIMILE: 02 9741 1390
EMAIL: payroll@egt.com.au