

Apprentice/Trainee: _____

Host Trainer: _____

Reason for leave: _____

First day of Leave: / /

Last day of Leave: / /

Return to Work: / /

Leave Requested:
(Please complete in hours)

Annual Leave _____

Bereavement Leave _____

Rostered Days Off _____

Public Holidays _____

Sick Leave _____

TOTAL _____ **HOURS**

Annual Leave in Advance

Please tick and initial to indicate that you would like your annual leave paid in advance.

Initials: _____

This selection will be ignored if leave requested is less than one week.

General

- Leave requests must be completed in hours.
- Minutes of leave should be rounded to 15 minutes and written as a decimal:

Minutes	Decimal	Minutes	Decimal	Minutes	Decimal
05	0.00	25	0.50	45	0.75
10	0.25	30	0.50	50	0.75
15	0.25	35	0.50	55	1.00
20	0.25	40	0.75		

- This form will not be accepted without either the Host's or MRAEL Field Officer's signature.

Sick Leave

- You must notify **both** MRAEL & your Host Trainer prior to the start of your work day when you are sick or you will not be paid for this day.
- If insufficient sick leave is accrued, the balance will automatically be recorded as unpaid sick leave.

Annual Leave

- Reasonable notice of application for annual leave is required.
- Annual leave will be paid when the work day would normally be paid (i.e. in arrears)
- Annual leave not less than one week may be paid in advance, if requested on this form.

RDOs & Public Holidays

- Leave forms are not required for public holidays or rostered days off. They are on this form for use when taken with other leave.

Bereavement Leave

- Reason must state relationship to the deceased.

SIGNATURES:

Apprentice/Trainee : _____ Date: _____

Host / Field Officer: _____ Date: _____

Host Trainer (Print Name): _____ Date: _____

Form Submission

Region Hosted	Submit Leave Application To	Fax Number/s	Due By
Dysart/Emerald (Central Highlands) Mackay Rockhampton Whitsunday	Mackay	07 4944 0229 (Or drop into the After Hours box at MRAEL Mackay Reception)	3:00pm each Monday
Bundaberg Hervey Bay Kingaroy Maryborough	Hervey Bay	07 4128 5670 or 07 4128 5678	10:00am each Monday

MRAEL OFFICE USE ONLY

Weekly Award Hours	_____	Annual Leave	(A)	_____
Annual Leave Accrual	_____	Unpaid Annual Leave	(X)	_____
Sick Leave Accrual	_____	Sick Leave	(S)	_____
Sick Leave Notified	<input type="checkbox"/>	Unpaid Sick Leave	(U)	_____
Payroll Init.:	_____	Sick Leave Not Notified	(I)	_____
Date:	_____	Bereavement Leave	(B)	_____