**APPRENTICE/TRAINEE LEAVE APPLICATION**

**Employee Name:**

**Host Employer:**

**First day of Leave:**    /    /

**Last day of Leave:**    /    /

**Return to Work:**    /    /

**HOURS REQUESTED:**

Annual Leave      hrs

Personal Leave      hrs

Leave Without Pay      hrs

Public Holidays      hrs

**TOTAL HOURS:**        hrs

SIGNATURES:

   /    /

EMPLOYEE SIGNATURE DATE

   /    /

HOST EMPLOYER SIGNATURE HOST EMPLOYER REPRESENTATIVE NAME DATE

|  |
| --- |
| FORM SUBMISSION |
| *To avoid delay in your leave application being processed, please submit to MRAEL Payroll Department on:*  Fax: 07 4128 5678 or Email: payroll@mrael.com.au |