Annual Leave Application Form



Email: payroll@atq.com.au Fax: (07) 3806 1469 For Enquiries Call: (07) 3806 1120		
Sec	ction A: My Details	
Му	full name is:	
My host employer is:		_ My ID number is:
Payroll can contact me on:		_
My trade is:		_ My year of trade is (tick):
Section B: Annual Leave Details		
	First day of annual leave is:	Date:/
	Last day of annual leave is:	Date:/
	First day back at work is:	Date:/
Reason for annual leave (must be completed):		
Section C: Employee Declaration I acknowledge that if I have insufficient annual leave the remaining balance will be treated as leave without pay. Also, if I use my annual leave now and have insufficient annual leave for any future dates, it will be treated as leave without pay.		
	ployee signature:ction D: Host Employer Authorisation	Date: //
As the authorised host employer / supervisor, I agree to the annual leave dates requested by the apprentice / trainee.		
Name of authoriser: Signat		
Section E: Office Use Only		
	Field officer:	Number of annual leave days requested:
tion	Year change / Completion Date:/ Number of annual leave days available:	
Administration	Annual leave booked: Yes / No Date:/ to/	
	College booked: Yes / No Date:/ to/	
	Comments:	
Field Officer	Does the employee require annual leave at Christmas: Yes / No Date:/ to/	
	Apprentice to be advised by: Field Officer / Administra	

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