

Title:	Application for Leave	 KGT Employment Your Local Apprentice Employment Network Member
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Employee Name: _____

Position: _____ Date: _____

Leave Date FROM: _____ TO: _____ Inclusive

Total Number of Work Days: _____

LEAVE BEING APPLIED FOR

ANNUAL LEAVE	<input type="checkbox"/>	PERSONAL LEAVE	<input type="checkbox"/>
LEAVE WITHOUT PAY	<input type="checkbox"/>	PARENTAL LEAVE	<input type="checkbox"/>
RDO	<input type="checkbox"/>		
COMPASSIONATE LEAVE <i>(Note: by signing, host employer confirms this leave type is appropriate and accepts the cost for this leave)</i>			<input type="checkbox"/>
JURY SERVICE <i>(Note: will only be paid when accompanied by court approved claim documentation to recover costs from court, otherwise it will be deemed the employee has claimed the wage subsidy direct from the court and is not entitled to any further payment)</i>			<input type="checkbox"/>

APPROVED NOT APPROVED

Employees Signature: _____

Host Employers Signature: _____

KGT Field Officer Signature: _____

Office Use Only:

Entered in employee leave record (Attached)	Yes / No
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Version: 3.0

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