THE *Apprentice and Traineeship* COMPANY
A DIVISION OF GROUP TRAINING SOUTH WEST INC

LEAVE REQUEST FORM

APPRENTICE ☐ **TRAINEE** ☐

NAME _____ **DATE** _____

ANNUAL LEAVE ☐ **LEAVE WITHOUT PAY** ☐ **RDO** ☐ **PERSONAL (SICK)** ☐

First Day Absent _____/_____/_____ **to** **Last Day Absent** _____/_____/_____

NO. OF WORKING DAYS OFF _____

PLEASE PAY: **WEEKLY** ☐ **IN ADVANCE** ☐

Employee's Signature: _____

NOTE: This form must be SIGNED BY YOUR HOST EMPLOYER before submitting it to the Payroll Department – 15 DAYS PRIOR to leave being taken.

TO BE COMPLETED BY THE HOST EMPLOYER:

I _____ **OF** _____
NAME *COMPANY NAME*

AGREE / DISAGREE TO _____ TAKING LEAVE FOR THE ABOVE DATES.
APPRENTICE/TRAINEE NAME

REASON FOR REJECTING LEAVE _____

SIGNATURE _____ DATE _____
HOST EMPLOYER REPRESENTATIVE

Please ***Email*** completed form to:	payroll@gtsw.com.au
Alternatively, post it to:	**PO Box 411 BUNBURY WA 6231**
Or, Fax to:	**(08) 9721 6837**
Or, deliver to your regional office.	
For any enquires please contact the Payroll Department on:	**(08) 9729 6666**