

APPLICATION FOR LEAVE

PERSONAL DETAILS

Surname: _____ Other names: _____

Host employer: _____

Please note: To ensure application is approved and wages processed, this form plus relevant **timesheets for the leave period must be submitted** to your employment engagement officer **14 days prior** to the commencement of leave.

LEAVE DETAILS

PERIOD OF LEAVE

Leave start date	Leave end date	Days
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TYPE OF LEAVE REQUESTED

Annual Sick – medical certificate attached Yes No
Bereavement Family – adoption, parental and maternity
Unpaid leave
Other (jury service)

Please select Application Cancellation
Amendment / / Date of original application

Date	Requested pay in advance
	Yes No

Host employer approval
Yes No – Reason:

Name	Position	Date
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EMPLOYMENT ENGAGEMENT OFFICER APPROVAL

Yes No – Reason:

Name	Date
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NOTIFICATION OF LEAVE MUST BE COMMUNICATED BY EMAIL TO HOST EMPLOYER AND CTC



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