

electrogroup
EGF 02.01 Leave Application



Employee Name: _____

Host Employer _____

Supervisor _____ Phone number _____

Date _____

Type of leave

*Documents may be required to substantiate leave

- | | |
|---|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> RDO |
| <input type="checkbox"/> Personal Carer's Leave * | <input type="checkbox"/> Leave without pay |
| <input type="checkbox"/> Other * _____ | |

Period absent: Last day on the job _____ First day back on the job: _____

Total _____ days absent

Annual Leave _____ + Public Holidays _____ + RDOs _____ = Total _____ days

Leave to be paid in advance or weekly

Employee Comments: _____

****Leave will not be approved if it coincides with your TAFE days or Terms**

Signed by Employee: _____ Date ____/____/____

Approved by Field Officer: _____ Date ____/____/____

Approved by Supervisor: _____ Date ____/____/____

Please return to payroll@egt.com.au

NO FORM – NO LEAVE – NO PAY