

Annual Leave Application



Section A: Employee Details

Full Name: _____

Host Employer: _____ Employee ID number:

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Contact Number: _____

Trade: _____ Year of Trade (please tick):

1st	2nd	3rd	4th	Other

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): _____

Annual leave is paid weekly. If it is more than 5 days and you would like it in a lump sum, please advise in reason above.

Section C: Employee Declaration

I acknowledge that if I have insufficient annual leave the remaining balance will be treated as unpaid leave of absence (LOA). Also, if I use my annual leave now and have insufficient annual leave for any future dates, it will be LOA.

Employee signature: _____ Date: ____/____/____

Section D: Host Employer Authorisation

As the authorised host employer / supervisor, I agree to the leave of absence dates requested by the employee.

Name of authoriser: _____ Signature: _____ Date: ____/____/____

Section E: Office Use Only

Workforce Officer	Number of annual leave days requested:..... Days available:..... Days remaining after taking leave:.....	
	<input type="checkbox"/> Copy sent to Workforce Officer for further leave application to reduce remaining balance below 20 days.	
	College Booked:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: to:
	Comments:	
	
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	
	Apprentice advised by Workforce Officer: Date: / / Time: :	
	All Trades Queensland Workforce Officer signature:	
All Trades Queensland Team Leader signature:		

Please return completed form to: payroll@atq.com.au