



Application for Leave

Full Name _____ Date _____

Leave will be paid out on your usual pay date for the given period. Advance payments must be formally requested and approved by your Host Employer.

A timesheet is still required when leave is taken showing the days of leave, work days and public holidays.

Type of leave:

- Annual
- Sick **Medical Certificate is required when 2 or more consecutive days taken.**
- RDO
- Other Specify _____

Reason for leave _____

Leave Entitlement _____ Hours / Days (Check most recent Pay Advice Slip)

First day of leave – Day of Week _____ Date ____ / ____ / ____

Return to work on – Day of Week _____ Date ____ / ____ / ____

Amount of **PAID** leave requested _____ Days _____ Hours

Amount of **UNPAID** leave requested _____ Days _____ Hours

Employee Signature _____

Host Employer to Complete	
Host Employer _____	Phone No _____
Approved by Host Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments _____ _____	
Host Employer's Signature _____	Date _____

ATC Work Smart Office Use

Leave Approved Yes No

Comments _____

Field Officer's / Manager's Signature _____ Date _____