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|  | Document No: NP037 | Issue: 1:0 |
| | <h2>Application for Annual Leave</h2> | |

**TO BE SUBMITTED TO GROUP TRAINING NORTHERN TERRITORY
TWO (2) WEEKS PRIOR TO TAKING LEAVE.**

TRAINEE/APPRENTICE NAME: _____

HOST EMPLOYER _____ Fax No: _____

HOW DO YOU WANT YOUR LEAVE TO BE PAID? (please tick one):

Lump Sum
 Weekly

| | | | |
|---|---|------|--|
| PERIOD OF LEAVE REQUESTED: | | | |
| From: | / | / | To: |
| First day of leave period Day of the week | | Date | Last day of leave period Day of the week Date |
| <i>Example: From: Monday 1/1/97 To: Friday 5/1/97</i> | | | |

Host Employer Recommendation:

Name of supervisor: _____

I *Do/*Do Not recommend the above period of leave.
 (*Cross out which ever is not applicable)

Reason for non-recommendation:

.....

Host Employer Signature: _____ Date: ____/____/____

| | |
|--|--------------|
| OFFICE USE ONLY | |
| Annual Leave accrued at (Date): ____/____/____ | HOURS: _____ |
| Duration of leave to be taken: | HOURS: _____ |