

	Document No: NP042	Issue No: 1:2
	APPRENTICE LEAVE APPLICATION	Issued: 01/02/08 Next Review: 01/02/09

**ANNUAL LEAVE TO BE SUBMITTED TO GROUP TRAINING NT
TWO (2) WEEKS PRIOR TO TAKING LEAVE.**

LEAVE DETAILS		
Apprentice Name:		
Host Employer:		Fax No.
Type of Leave:	<input type="checkbox"/> Annual <input type="checkbox"/> Sick (with Certificate) <input type="checkbox"/> Sick (without Certificate) <input type="checkbox"/> LWOP <input type="checkbox"/> Other (specify) _____	
Leave dates:	From: _____ / _____ / _____ To: _____ / _____ / _____ <small>First day of leave period Last day of leave period</small> <small>Day of the week Day of the week</small>	
Apprentice signature:	Date: ____/____/____	

HOST EMPLOYER APPROVAL DETAILS		
Supervisor Name:		
Position Title:		
Leave approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for non-approval:		
Supervisor signature:	Date: ____/____/____	

GTNT CORPORATE SERVICES USE ONLY		
Date Leave accrued at:		Hours:
Duration of leave to be taken:		Hours: