



LEAVE APPLICATION FORM

Name: _____ Host Employer: _____

VACC Field Officer: _____

Payroll Number: _____

I request approval for _____ day(s) leave from

First day _____ to last day _____

Day returning to work _____

LEAVE TYPE

Annual Leave
Is Annual Leave to be prepaid:
(Please Circle) Yes No

Sick Leave
Doctors Certificate Attached:
(Please Circle) Yes No

Bereavement Leave

Other
(Please specify)

Trainee/Apprentice Signature:..... Date.....

Host Employer Date.....

VACC Auto Apprenticeship Field Supervisor..... Date.....