**My Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **My ID number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Trade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **My Mobile Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My host employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**First Day of Annual: Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Last Day of Annual Leave: Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**First Day back at Work: Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Reason for Annual Leave:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Annual leave is paid weekly. If you require it in advance, please write lump sum in the reason above.**

**I acknowledge that if I have insufficient annual leave the remaining balance will be treated as leave without pay.**

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**As the authorised Host Employer / Supervisor I agree to the annual leave dates requested above.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please return to:** [**Payroll@ogt.com.au**](mailto:Payroll.ogt@osmac.com.au) **or Fax: 07 3881 2922**

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**Apprentice Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number of days requested:** \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_**Year Change/ Completion Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Number of days available: \_\_\_\_\_\_\_\_\_\_\_\_**

**Any College booked:** \_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **to** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved / Declined Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OGT Authorising Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_**

**Employee advised by: Apprentice Manager / Administration Date: \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_**