

## Application for Annual Leave

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

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

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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.com.au) or Fax: 07 3881 2922**

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: \_\_\_\_\_ Apprentices Manager / Administration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

