



# HEALTH TRAINING AUSTRALIA APPLICATION FOR LEAVE



## **ALL LEAVE MUST BE CORRECTLY NOTED ON YOUR TIME SHEET**

Employee Name: \_\_\_\_\_

Host Employer: \_\_\_\_\_

Host Telephone: \_\_\_\_\_ Host Fax: \_\_\_\_\_

### **TYPE OF LEAVE: (Please tick one box only)**

- Annual Leave (must be approved by host employer and HTA prior to taking leave)
- Sick / Carers Leave (a Medical Certificate is required for 2 or more consecutive days)
- Leave without Pay
- Compassionate Leave
- Other (Please Specify) \_\_\_\_\_

### **DATE OF LEAVE:**

From First Workday of Leave:     /     / 20    To Last Workday of Leave:     /     / 20

Number of **hours** leave required: \_\_\_\_\_ (**hours in total**)

**Please Note:** All fields are mandatory

### **SIGNATURES:**

Employee Signature: \_\_\_\_\_ Date:     /     / 20

Host Employer Recommendation: \_\_\_\_\_ Date:     /     / 20

HTA Consultant Signature: \_\_\_\_\_ Date:     /     / 20

***Please note:*** All applications must be approved by your Host Employer and by HTA. Applications must be signed by the trainee, the host employer and HTA Traineeship Consultant. Annual Leave must be applied for prior to the date requested.

**Fax to (08) 9273 3045 or email to [payroll@amawa.com.au](mailto:payroll@amawa.com.au)**