



## Leave of Absence Request Form

Name: ..... Payroll No: .....

Address: .....

..... Phone: .....

I wish to apply for Leave of Absence from my employment with Apprenticeships Queensland for the period of time shown below. I acknowledge if I am granted Leave of Absence, that:

- ♦ I will **not** be paid wages for the duration of the Leave;
- ♦ I will **not** accrue Annual Leave, Personal Leave or any other entitlements during the period of Leave;
- ♦ I will **not** be paid for any public holidays that occur in the period of Leave;

I have been given the option of accessing other forms of leave, but I have chosen to apply for Leave of Absence because

.....  
 .....

Monday	Tuesday	Wednesday	Thursday	Friday
Date	Date	Date	Date	Date

Employee Signature: ..... Date: .....

Guardian Signature ..... Date: .....  
 (if applicable)

Approved by Employment Services Manager: ..... Date: .....

Approved by General Manager: ..... Date: .....

**Pay Office Use Only:**

	Days	Hours	Days	Hours	Days	Hours	Days	Hours
ABS								
ABS								
ABS								