



## APPLICATION FOR LEAVE

DATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

CATEGORY - Please tick  Apprentice  Trainee  Staff

Number of Annual Leave days requested: \_\_\_\_\_

Number of RDO requested: \_\_\_\_\_

Number of Public Holidays: \_\_\_\_\_

Other: \_\_\_\_\_

First day date: \_\_\_\_\_

Last day date: \_\_\_\_\_

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You are required to advise your site supervisor of your intention to apply for Leave and your supervisor or other appropriate NOVASKILL customer representative must sign this application.

### HOST/SUPERVISOR APPROVAL

SIGNED: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NOVASKILL EMPLOYEE SIGNATURE \_\_\_\_\_

Your designated Field Officer is \_\_\_\_\_

**NOTE: APPLICATIONS MUST BE SUBMITTED TO THE NOVASKILL OFFICE AT  
LEAST 14 DAYS PRIOR TO INTENDED COMMENCEMENT DATE**

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For office use only:

Entitlements checked and confirmed by: \_\_\_\_\_

Annual: \_\_\_\_\_

RDO: \_\_\_\_\_

Public Holidays: \_\_\_\_\_

Other: \_\_\_\_\_

This document is to be used under the direction of the company – Not for use by external parties