



Master Plumbers Apprentices Limited



A.B.N. 88 050 041 480 A.C.N. 050 041 480

PO Box 42 LIDCOMBE NSW 1825 3 John Street LIDCOMBE NSW 2141

Phone: 02 8789 7050 Facsimile: 02 9749 7765 Freecall 1800 424 181 Web: www.mpal.com.au

Apprentice Leave Application Form

The reason for completing this form is:

Employee Leave Request

- Annual Leave
 Sick Leave (attach Dr certificate)
 Leave without pay (LWOP)
- Bereavement Leave (attach death notice)
 Jury Duty (attach jury notice)
 Other _____

1. APPRENTICE Completion of this section is mandatory

Apprentice Name _____

Phone Number _____

Mobile Phone Number _____

TAFE day _____

2. HOST EMPLOYER Completion of this section is mandatory

Company _____

Contact Person _____

4. DAYS & DATES Complete this section to receive Leave permissions and/or entitlements

Last Day worked _____ / _____ / _____ First Day of leave _____ / _____ / _____

Date resuming work _____ / _____ / _____ Last Day of Leave _____ / _____ / _____

Number of Days Requested _____ in total Number of Paid days _____ Number of Unpaid days _____

TYPE OF LEAVE	from	to	Total Number of days
Annual Leave	_____/_____/_____	_____/_____/_____	_____
Public Holiday	_____/_____/_____	_____/_____/_____	_____
RDO	_____/_____/_____	_____/_____/_____	_____
Sick Leave	_____/_____/_____	_____/_____/_____	_____
TAFE	_____/_____/_____	_____/_____/_____	_____
Bereavement Leave / Jury Duty	_____/_____/_____	_____/_____/_____	_____
Leave Without Pay	_____/_____/_____	_____/_____/_____	_____
Other: _____	_____/_____/_____	_____/_____/_____	_____

* Leave Without Pay must have prior MPAL approval. LWOP and Workers Compensation will extend your apprenticeship*

5. Approvals Completion of this section is mandatory

Apprentice Signature _____ Date _____/_____/_____

Host Employer Signature _____ Date _____/_____/_____

Office Use Only This section is only to be completed by MPAL Staff (MPAL 2004/03)

Accruals

Apprentice Number _____ Annual Leave _____

Apprentice Year _____ Sick Leave _____

Apprentice Hiring _____ RDO _____

Payroll Officer Signature _____ Date: _____/_____/_____

Field Officer Signature _____ Date: _____/_____/_____

MPAL Managers Approval _____ Date: _____/_____/_____

Entered By:

Chip Initial: _____ Date: _____/_____/_____