



Apprentice Leave Application Form

Phone: (02) 8789 7050 Email: wages@mpal.com.au Website: www.masterplumbers.com.au

The reason for completing this form is:

- Annual Leave
- Personal (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 _____
 RTO day _____

2. HOST TRAINER Completion of this section is mandatory

Company _____
 Contact Person _____

3. 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	_____ / _____ / _____	_____ / _____ / _____	_____
RTO (MPAT/RTO)	_____ / _____ / _____	_____ / _____ / _____	_____
Bereavement Leave / Jury Duty	_____ / _____ / _____	_____ / _____ / _____	_____
Leave Without Pay	_____ / _____ / _____	_____ / _____ / _____	_____
Other: _____	_____ / _____ / _____	_____ / _____ / _____	_____

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

4. APPROVAL Completion of this section is mandatory

Apprentice Signature: _____ Date: _____ / _____ / _____
 Host Trainer Signature: _____ Date: _____ / _____ / _____

MPAL Office Use Only – Apprentice Accruals

Apprentice Number _____ Annual Leave _____
 Apprentice Year _____ Anniversary date _____ / _____ / _____ Sick Leave _____
 Apprentice Hiring _____ RDO _____
 Field Officer Signature: _____ Date: _____ / _____ / _____
 MPAL Manager Approval: _____ Date: _____ / _____ / _____

Entered into CHIP by (Initial): _____ Date: _____ / _____ / _____
 Payroll Officer Signature: _____ Date: _____ / _____ / _____