



Application for Leave of Absence

My Name: _____ My ID number: _____

My Trade: _____ My Mobile Number: _____

First Day of Leave without Pay: Date: ____/____/____

Last Day of Leave without Pay: Date: ____/____/____

First Day back at Work: Date: ____/____/____

Reason for Leave without Pay: _____

I acknowledge that I am requesting leave without pay for the above reason.

Employee Signature: _____ Date: ____/____/____

Please return to: Payroll@ogt.com.au or Fax: 07 3881 2922

Apprentice Manager: _____ Number of days requested: _____

_____ Year Change/ Completion Date: ____/____/____ Number of days available: _____

Any College booked: _____ Date: ____/____/____ to ____/____/____

Comments: _____

Approved / Declined Comments: _____

OGT Authorising Signature: _____ Date: ____/____/____

Employee advised by: _____ Apprentices Manager / Administration Date: ____/____/____

