

6 Seventh Street, Murray Bridge SA 5253  
 Ph: (08) 8531 1733 Fax: (08) 8531 0474  
 ABN: 16 762 214 557



**Trainee/Apprentice:** .....

**Host Employer :** .....

I hereby apply for : ..... Working Days

**Annual Leave**       **Leave Without Pay**       **Other** .....  
 (please specify)

First Day of Leave : ..... Date: .....

Last Day of Leave : ..... Date: .....

We need to know about any Training Days (TAFE) you will attend or Rostered Days Off (if applicable) you intend to take during the above mentioned period :

Training Days       Rostered Days Off       Public Holidays  .....  
 Which Public Holidays are these?

*I understand that approval is subject to the work requirements and approval of my Host Employer and the concurrence of Murraylands Training & Employment Association Association of SA Inc.*

Trainee/Apprentice Signature : ..... Date : .....

Host Employer Signature : ..... Date : .....

**Office Use Only**

Approved : ..... Date Paid : .....