



ANNUAL LEAVE APPLICATION

Attention to:

Name:

Host Company:

First Day of Leave:

Last Day of Leave:

Total No. of Days:

Signed:
Apprentice

Signed:
Host Company

Signed:
Apprenticeship Coordinator

Advance Leave

I understand the leave applied for in this application may be in advance of my accrued entitlement and, in the event of my resignation, I hereby authorise ETCO to deduct from my final pay the amount paid in advance, or, if the amount paid in advance is greater than monies due on termination, the balance shall immediately be refunded by me.

Signed: (Applicant)

Approved by: (Manager)

AUCKLAND	Ph: 09-527 6165	Fax: 09-527 6166	24A Allright Place, Mt Wellington	P O Box 14-512, Panmure
HAMILTON	Ph: 07-853 6587		28 The Boulevard, Te Rapa Park	P O Box 12699
ROTORUA	Ph: 07-349 6379	Fax: 07-349 6378	28 Tallyho Street	P O Box 1921
WELLINGTON	Ph: 04-472 8751	Fax: 04-472 8756	145 Thorndon Quay	P O Box 12-419
CHRISTCHURCH	Ph: 03-379 8102	Fax: 03-379 8103	Unit 3, 213 Blenheim Road	P O Box 9009 Tower Junction
DUNEDIN	Ph: 03-474 5284	Fax: 03-474 5289	8 Jutland Street, Jutland Estate	
INVERCARGILL	Ph: 03-214 5020	Fax: 03-214 5021	228 Dee Street, Waikiwi	P O Box 5141 Waikiwi