



LEAVE REQUEST FORM

NAME: _____

HOST EMPLOYER: _____

TYPE OF LEAVE: Annual Sick Leave of Absence Other _____

DATES OF LEAVE: _____ **TO** _____
(include only first day of leave and last day of leave)

EXPLANATION OF LEAVE: _____

APPROVED BY: _____ (Host Employer)

APPROVED BY: _____ (Works 4 You)

EMPLOYEE'S SIGNATURE: _____

After approval by your supervisor at your Host Employer please fax to Works 4 You on 02-9893-8149. No leave, Other than sick, can be taken without prior approval from both the Host and Works 4 You. Always check before making travel bookings.