



LEAVE REQUEST FORM

Employee Name _____

Host Employer _____
The Hotel, Restaurant or Café where you are placed

Commencement Date of Leave: _____ / _____ / _____
The first day of your leave

End Date of Leave: _____ / _____ / _____
The last day of your leave

Total number of Hours Requested: _____
(Remember you work 38 hours per week)

Leave Type Requested

ANNUAL LEAVE
Leave requests must be submitted at least 2 – 4 weeks prior to the taking of leave

SICK / PERSONAL LEAVE
A Medical Certificate for Sick/Personal Leave must be provided

***OTHER LEAVE (EG: Compassionate Leave, leave no pay)**

*Please specify _____

Signature of Employee _____ Date ____/____/____

Host Employer Approval Signature _____ Date ____/____/____

Name of person approving Annual Leave _____

HGT Office Use only

HGT Approval _____ Date Pay week to be paid _____
Industry Consultant _____

Signature _____ Date ____/____/____

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