



**Leave Application**

Name: \_\_\_\_\_ Establishment/Host Employer: \_\_\_\_\_

Returning to: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Leave Requested:**

- Annual Leave
- Leave Without Pay
- Parental (unpaid)
- Bereavement
- Long Service leave

Leave commencement date (first day of annual leave)	
Leave completion date (last day of annual leave)	
No of working days taken (Do not include Public Holidays)	

I understand that all payments will be paid into my nominated bank account in arrears on a weekly basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvals:**

_____	_____	<input type="checkbox"/>	HTA Annual leave chart updated
Business Relations Officer	Establishment	<input type="checkbox"/>	Leave liabilities updated
_____	_____	<input type="checkbox"/>	Employee file
Date	Date	<input type="checkbox"/>	Dept Annual leave chart updated

I \_\_\_\_\_ authorise the payment of the above leave application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this form and send to the Hospitality Training Association Inc., PO Box 906, Fortitude Valley QLD 4006 or fax to 07 3852 2234. For any enquiries, please contact Human Resources on 07 3872 4200 or [hta@hta.org.au](mailto:hta@hta.org.au).**

