

APPLICATION FOR ALL TYPES OF LEAVE



Please Forward To:

Payroll Officer
 Hospitality Training Network Ltd.
 P.O. Box 198
 ROSEVILLE NSW 2069
 PHONE: 02 9495 4444
 FAX: 02 9495 4455

This form must be completed and returned to the HTN pay office at least four - (4) weeks before the scheduled commencement of your holidays to ensure that you receive your pay before your holiday starts.

PLEASE NOTE: You are to claim LEAVE PAYMENTS only through HTN and not your Host Trainer.*

Apprentice/Trainee Name:

Address:

.....Postcode

Phone Numbers: H:(.....)..... W:(.....).....

Are you between jobs? Yes No

Which type of leave: Annual Leave Sick Leave Bereavement Leave
 are you applying for?

Bank Name eg. Westpac	
Branch Name e.g. Artarmon	
Bank BSB	
Account Number	

Date of 1 st Day of Leave	
Date of Last Day of Leave	
Number of Working Days requested	

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

Host Trainer Signature: Date:/...../.....

Host Trainer Name in Block Letters:

Host Establishment Name:

*** HOST TRAINER NOT TO PAY- PLEASE FAX TO HTN TO PAY**

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ANNUAL LEAVE PROCEDURE

1. Complete the HTN Application For All Types of Leave form stating your name, address, phone number and Host Trainers Establishment
Provide details of your last day of work and first day you return back to work with the required number of working days requested.
To ensure quick and prompt payment submit your form at least four (4) weeks prior to commencement of Annual Leave or as soon as possible to the leave start date.
2. State if you are in between jobs.
3. Clearly state type of leave requested (Annual leave)
4. Sign the form and have your Host sign for approval.

SICK LEAVE PROCEDURE

1. Complete the HTN Application For All Types of Leave form stating your name, address, phone number and Host Trainers Establishment
Provide details of your last day of work and first day you return back to work with the required number of working days requested.
To ensure quick and prompt payment submit your form and doctors certificate on the first day back at work, to help us process your claim in the same week of absence.
2. Clearly state type of leave requested (Sick Leave)
3. It is very important you give your correct Bank, Building or Credit Union account details and if you are unsure please first contact your bank for correct details.
4. Complete your bank details, name of financial institution i.e. (Commonwealth, Westpac Bank etc). Now your Bank, Building or Credit Union Branch Number (BSB) e.g.; Commonwealth BSB 062121 then your account number 10010022 or St George BSB 112998 then your account number 12121212. **These numbers are not the numbers on your key card.**
5. Sign the form and have your Host Trainer sign for approval. Return the form along with your doctor's certificate for payment.
6. It is the responsibility of the apprentice or trainee to submit the leave form by either faxing it to 02 9495 4455 or posting it to PO BOX 198 ROSEVILLE SYDNEY NSW 2069.

If you have any inquires please contact:

The HTN PAYROLL OFFICER on 02 9495 4444 or your HTN FIELD CONSULTANT