

Shop 8, Cinema Complex, Leichhardt Terrace Alice Springs NT 0870
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EDUCATOR LEAVE FORM

Educator Name:			Completed and submitted (minimum 4 weeks' notice) / /							
First Day of Leave:(day)			/ Las (date)	Last Day of Leave:	(day)	/ / (date)	Date of return to work:			
Details of c	hildren requiring ca	re:				(offi	ice i	use only))	
Childs Na	Family/Guardi an informed?	Care Required Y/N ?		& hours uired	Other details eg presch meals, escort, pre-schoo		Name Relief /new educator s	Parent contacted re relief/new Educator	Placement form completed CCR/CCB emailed	
Please note:	Please ensure that toy l	ibrary toys	are returned.	Y/N?	<u> </u>					
Educator signa	ture				Date of Application	n: / /				
ſ	Document Site: O:\Form\EducatorLeaveformV2			Administered: Administration Officer			Next Reviewed: January 2016			
-	Approved: Scheme Manager			Date Printed: January 2016			Page 1 of 2			

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