



EDUCATOR LEAVE FORM

Educator Name: _____ Completed and submitted (minimum 4 weeks' notice) / /

First Day of Leave: _____ / / Last Day of Leave: _____ / / Date of return to work: _____
 (day) (date) (day) (date)

Details of children requiring care:

(office use only)

Childs Name	Family/Guardian informed?	Care Required Y/N ?	Days & hours required	Other details eg preschool runs, nappies, meals, escort, pre-school location and time	Name Relief /new educator's ✓	Parent contacted re relief/new Educator ✓	Placement form completed CCR/CCB emailed ✓

Please note: Please ensure that toy library toys are returned. Y/N?

Educator signature _____

Date of Application: / /

Document Site: O:\Form\EducatorLeaveformV2	Administered: Administration Officer	Next Reviewed: January 2016
Approved: Scheme Manager	Date Printed: January 2016	Page 2 of 2