

# EDUCATOR LEAVE FORM



Educators Name: \_\_\_\_\_ Completed and Submitted (minimum 2 weeks notice) / /

First Day of Leave: \_\_\_\_\_ / / Last Day of Leave: \_\_\_\_\_ / /  
 day date day date

Date to return to work: \_\_\_\_\_

**Details of children requiring care:**

Childs Name	Family/ Guardian information	Care required Y/N	Days & hours Required	Other details eg preschool runs, nappies, meals, escort, pre-school location/times	Name Relief/ educator's	Parent Contacted new educator	Placement form completed

Educators Signature: \_\_\_\_\_

Date of Application: / /