

LEAVE REQUEST FORM

- Please discuss your leave requirements with your QARTS Rotational Supervisor (ROT) prior to submitting this request.
- Complete the form in full and **email to QARTS** for formal consideration and processing.
qarts@anzca.edu.au
- Three months notice to be given to the Committee except in exceptional circumstances.

	I confirm I have discussed this request with my Rotational Supervisor (ROT) <i>(tick box to confirm)</i>
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PLEASE USE BLOCK LETTERS AND PRINT CLEARLY

Surname		Given Names	
Address			
Suburb		Postcode	
Mobile		Other Phone	
Email Address			
Current Hospital			
Current Rotation <i>(tick one)</i>	<input type="checkbox"/> Central	<input type="checkbox"/> Gold Coast	<input type="checkbox"/> Northern <input type="checkbox"/> Southern

Leave requested <i>(dates inclusive)</i>	From <i>dd/mm/yyyy</i>		To <i>dd/mm/yyyy</i>		Total Months	
Reason for leave						
	Comments to support my request					
	Signature			Date		

OFFICE USE ONLY

Date		Date	
	Request received by QARTS		Received by ROT
APPROVALS:			
ROT Comments:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	ROT Signature: Date:	
Committee Chair Comments:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Committee Chair Signature: Date:	
SEND TO QARTS FOR PROCESSING:			
	Received by QARTS for processing		Trainee Grid Updated
	Approved/Not Approved Letter Sent		Letter and Request Filed