

APPLICATION FOR LONG TERM LEAVE WITHOUT PAY

- for leave of more than ten continuous weeks

(This can be sent by email to Julie@huttkindergarten.org.nz or rosalie@huttkindergarten.org.nz or Lynda@huttkindergarten.org.nz)

Applicant's Name	
Kindergarten	
Date of Application	
I wish to apply for Long Term Leave Without Pay from:	DATE
I will be returning to work on:	DATE
The reasons for the leave are:	
I have read and understood the conditions in the Association's Long Term Leave Without Pay Policy. I understand that if I decide not to return to my position, or to return earlier than the date given above, I must give the Association at least 4 week's written notice. (6 week's notice is preferred)	Signature: Date:
<i>For use by Professional Practice Manager</i>	
LWOP Application is approved/declined. (If declined - the employee will need to resign if they wish to be absent from the Kindergarten)	
Date Applicant Advised	
Date Head Teacher Advised	
Date General Manager Advised	
Signature of PPM	

Signed copy to be placed on teacher's file.