

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
- Leave needs to be arranged prior to the selection meeting in August except in exceptional circumstances.

I confirm I have discussed this request with my Rotational Supervisor (ROT) (tick box to confirm)

PLEASE USE BLOCK LETTERS AND PRINT CLEARLY

Surname	Given Names										
Address											
Suburb	Postcode										
Mobile	Other Phone										
Email Address											
Current Hospital											
Current Rotation (tick one)	Ce	ntral Gold		l Coast		Northern			Southern		
Loovo roquested	From	T		То				Т	atal		
Leave requested (dates inclusive)	From dd/mm/yyyy			dd/mm/y	ууу				Total Months		
Reason for leave											
	Comments to support my request										
	Signature Date										

OFFICE USE ONLY	1									
Date			Date							
	Request received by QAI	RTS			Received by ROT					
APPROVALS:										
ROT Comments:										
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Approved	Not Approved ROT Signature:									
	Date:									
Committee Chair Comments:										
Approved	Not Approved Committee Chair Signature:									
	Date:									
SEND TO QARTS FOR PROCESSING:										
	Received by QARTS for p	processing			Trainee Grid Updated					
	Approved/Not Approved	d Letter Sen	t		Letter and Request Filed					