Educator Leave Form

Educator Leave Form must be sent to the office no later than **2 weeks** prior to your leave date.

Name of Educator:

Start Date of Holidays:		Last date of holidays:					
Return to wo	rk date:						
Date "Holiday Booking Request" was sent to the service through Harmony:							
Child's Name	Parent/Guardian signature	Is alternate care required Yes OR No	If alternate care is required: please indicate dates, hours of care and if applicable the preferred educator.				

Form: E04 Date developed: August 2018 Version 3 Review Date: August 2020

SIDE B: COORDINATION UNIT STAFF TO COMPLETE

Date received at the office:
Date put into internal calendar:
Date checked that holiday booking request has come through Harmony:
Date alternate care processed:

Child's name	Name of alternate educator/s	Booking entered into Harmony	Alternate educator fees/ details provided to the family	Once care Complete, unnassign the child from the educator in Harmony

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