Educator leave

Office Use Only
1) Date received at office: _____
2) Date put on educator calendar_____
3) Date alt care processed: _____
4) Alt care processed by: _____

SIDE A TO BE COMPLETED BY EDUCATOR

NAME:_____ ACTUAL LEAVE DATES: From ___/___/___ To___/___/___(Inclusive)

- **Please list all children who use your service.**
- **Have parents complete the remainder of the form including days/hours, parent signature and if they have a preferred alternate educator.**
- **If there are insufficient rows, please use a second form.**
- **Please lodge form with the office no later than two weeks prior to your leave to allow adequate time for processing.**

Child's Name	Alternate care re-quired? **YES or NO**	**Mon/ hours**	**Tue/ hours**	**Wed/ hours**	**Thurs./ hours**	**Fri/ hours**	**Sat/ hours**	**Sun/ hours**	**Parent signature**	**Please list preferred alternate educator/s**

Child's name	Name of alternate educator/s	Contact with/ confirmation with alt educator/s	Booking	Alt educator fees discussed	Date letter sent to parent	Date harmony reports and agreement sent to educator	Enter alt care into child's contract notes