



Educator Leave Form

fdcadmin@ccss.org.au (02) 8843 2560



Educator Name: _____

Annual Leave: Yes No Personal Leave: Yes No

Date of First Absence Day: _____ Return to Work Date: _____

Date of Last Absence Day: _____ Any Relief Care required? Yes No

If travelling outside of Australia, please provide dates. Departure: _____ Arrival: _____

- *If travelling overseas, subsidy cannot be claimed on the day of departure or arrival into/out of Australia.*
- *Two weeks' written notice, to Approved Service & clients, is required for annual leave up to three week's duration.*
- *Four weeks' written notice, to Approved Service & clients, is required for annual leave over three week's duration.*

Educator Signature: _____ Date: _____

Does your child require care while your Educator is on leave? (please note the following & indicate relief dates below)

- *Alternative care arrangements, known as 'Relief Care', are subject to the availability of a suitable alternative Educator.*
- *To cancel a relief care arrangement, 48 hours written notice is required or full fees are payable to the relief Educator.*
- *Relief care arrangements, exceeding two weeks duration, are subject to public holiday terms and conditions.*

1) Child's Name: _____ Is Relief Care Required: Yes No

Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____

Signature: _____ Date: _____

2) Child's Name: _____ Is Relief Care Required: Yes No

Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____

Signature: _____ Date: _____

3) Child's Name: _____ Is Relief Care Required: Yes No

Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____

Signature: _____ Date: _____

4) Child's Name: _____ Is Relief Care Required: Yes No
Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____
Signature: _____ Date: _____

5) Child's Name: _____ Is Relief Care Required: Yes No
Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____
Signature: _____ Date: _____

6) Child's Name: _____ Is Relief Care Required: Yes No
Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____
Signature: _____ Date: _____

7) Child's Name: _____ Is Relief Care Required: Yes No
Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____
Signature: _____ Date: _____

8) Child's Name: _____ Is Relief Care Required: Yes No
Do you have a preferred relief Educator? Educator Name: _____

Please indicate the required relief care dates below:

Parents Name: _____ Phone No.: _____
Signature: _____ Date: _____