



## Newton Family Day Care

Approved Service ABN: 54601033756

Service Approval ID: SE-40004907

CCS Approval ID: 190007148B

Email: newtonfdc@gmail.com

### **Educator Holiday/Leave Form**

*2 weeks' notice must be given PRIOR to going on holiday/leave.*

Educator Name: \_\_\_\_\_

Educator Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Holiday/Leave: \_\_\_\_\_

\_\_\_\_\_

Last day of care provided: \_\_\_\_/\_\_\_\_/\_\_\_\_

Travelling from (date): \_\_\_\_/\_\_\_\_/\_\_\_\_ Travelling to (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date returning to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please note: please fill in the "Temporary Relocation Form" for the children in your care.***

➤ Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **OFFICE USE ONLY**

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_