

Educator Leave Form

Educator Name: _____

Educator Address: _____

Dates for Leave: _____

How many working days are you on leave for: _____

Have you notified all Families: Y/N

Have you notified Co ordination unit: Y/N

Do any of your Families need alternate care: Y/N

Families that need Alternate care: _____

Educator Signature: _____ Date: _____

Co Ordinator Signature: _____ Date: _____