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EDUCATOR LEAVE FORM For Maternity Leave

Educator Name: _____

First Day of Leave: _____ / _____ / _____ Last Day of Leave: _____ / _____ / _____ Date of return to work: _____
 (day) (date) (day) (date)

Details of children requiring care:

(office use only)

Childs Name	Care Required Y/N ?	Days & hours required	Other details eg preschool runs, nappies, meals, escort, pre-school location and time	Name Relief /new educator's ✓	Parent contacted re relief/new Educator ✓	Placement form completed CCR/CCB emailed ✓

Please note: Please ensure that toy library toys are returned.

Educator signature _____

Date of Application: _____ / _____ / _____

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Approved: Scheme Manager	Date Printed: January 2016	Page 1 of 1