

# My Place Family Day Care EDUCATOR LEAVE NOTIFICATION

(07) 3372 1711  
FDCadmin@ich.org.au  
www.MyPlaceFDC.org.au  
38 Sittella Street, Inala Q 4077  
Facebook.com/MyPlaceFamilyDayCare



Educator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

Last day at work: \_\_\_\_\_

First day back at work: \_\_\_\_\_

Type of Leave: \_\_\_\_\_

I have consulted with the parents/guardians of the children in my care and the following require a redirection:

<b><u>Name:</u></b>	<b><u>Age:</u></b>	<b><u>Days &amp; Times:</u></b>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____