



# BCSA - LEAVE FORM

This document must be approved before leave taken, is for a maximum of 4 weeks annually and once approved the leave does not count as days traded towards your preferred tier in the BCSA Membership.

## Stallholder Leave

**Stallholder Name:** \_\_\_\_\_

**Business / Stall Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Leave Request Details

### Leave Dates Requested

From: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## Relief Staff Member

**Name Staff Member:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

## Acknowledgement

**I acknowledge and understand that approved leave will not be considered as day/weeks traded and does not contribute to trading counts for the Tiered membership eligibility. Staff must comply with all BCSA market rules and bylaws.**

**Stallholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

---

## Office Use Only

Approved       Not Approved

Approved By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_