



## LEARNER'S LEAVE OF ABSENCE APPLICATION FORM

Date: \_\_\_\_\_

To: Principal  
Baking Industry Training College

Re : Application for Leave of Absence

Name:	Learner FIN/IC:	Class Code:	Contact No.:
Period of Leave:	From: _____ To: _____ No. of Days ____ (inclusive)		
Course Title:			
Reason for Leave: Tick ✓			
<b><u>Reasons of Absence</u></b>		<b><u>No. of Days of Leave to apply</u></b>	
<input type="checkbox"/> Compassionate Leave for immediate family member		Maximum up to 7 days	
<input type="checkbox"/> Marriage Leave for Learner		Maximum up to 7 days	
<input type="checkbox"/> Examination Leave		Maximum up to 7 days	
<input type="checkbox"/> Medical treatment in home country		Maximum up to 7 days	
<input type="checkbox"/> Others:			
Learner's Signature: _____			
<b>FOR OFFICIAL USE ONLY</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Note: Application for Leave of absence subject to Principal's approval and must be accompanied by evidence: a) Compassionate leave - Death certificate b) Marriage Leave - Marriage certificate c) Examination Leave - Document proof of Exam and dates. d) Medical treatment - Copy of air ticket and letter from Learner - after return, to submit Letter/Certificate from Doctor from home country.	
Signature: _____ Date: _____ Principal			