

**APPLICATION LEAVE OF ABSENCE
FOR ON-JOB-TRAINING (OJT)**

[FORM: APR-ATC/PD/AOJT-001]

PART A : APPLICANT DETAILS (TO BE COMPLETED BY THE TRAINEE)

NAME : AHMAD AIDEE AFNAN ISM CHE AZMI
BATCH : 46 NRIC NO : 931112-03-5335
PROGRAM : B1-3 CONTACT NO : 018-2457747

PART B : OJT DETAILS (TO BE COMPLETED BY THE TRAINEE)

COMPANY : GALAXY AEROSPACE M SDN BHD
DEPARTMENT : AWM-BOMBA SUPERVISOR : MR. AKMAL
EMAIL : _____ CONTACT NO : 012-4204471

PART C : LEAVE DETAILS (TO BE COMPLETED BY THE TRAINEE)

LEAVE FOR : EXAMINATION ASSESSMENT MEDICAL
(Please tick) EMERGENCY OTHERS
IF OTHERS PLEASE SPECIFY : B1-3 AVIONIC ASSESSMENT
DATE : 7 September 2018 NO. OF DAYS : 1

[Trainees are required to provide supporting documents as applicable]
All cases need relevant supporting documents.

PART D : SUPERVISOR RECOMMENDATION

I, the undersigned below recommend that the application to be:-

APPROVED / REJECTED

[Signature]
.....
Recommending Officer's Signature & Date

**PART E : APPLICANT DECLARATION
(TO BE COMPLETED BY THE TRAINEE)**

I wish to apply for leave of absence from OJT as per indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application.

[Signature] 3/9/2018
.....
Trainee Signature & Date

APR-ATC USE ONLY

Program Department shall verify all documents; and recommend that the application to be:-

APPROVED / REJECTED

[Signature]
.....
Recommending Officer's Signature & Date



VALIDATION STAMP FOR OJT PROVIDER COPY