

**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 AFHAM BIN 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 : ENGINEERING SUPERVISOR : MR. ARMAL
EMAIL : _____ CONTACT NO : 012-4304471

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

LEAVE FOR : EXAMINATION ASSESSMENT MEDICAL
(Please tick) EMERGENCY OTHERS
IF OTHERS PLEASE SPECIFY : FINAL ASSESSMENT B1-3
DATE : 10/4/2019 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

.....
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.

Q 8/4/2019
.....
Trainee Signature & Date

APR-ATC USE ONLY

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

APPROVED / REJECTED

AMIRANORKISZA AMIRUDIN
Manager
Program Dept
APR-Aviation Training Centre Sdn Bhd

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

VALIDATION STAMP FOR OJT PROVIDER COPY

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8/4/19