

**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 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 MALAYSIA SDN BHD  
DEPARTMENT : BOMBA (ANM) SUPERVISOR : MR. AKMAL  
EMAIL : \_\_\_\_\_ CONTACT NO : 012-4304471

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

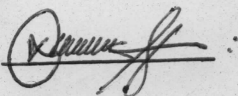
LEAVE FOR :  EXAMINATION  ASSESSMENT  MEDICAL  
(Please tick)  EMERGENCY  OTHERS  
IF OTHERS PLEASE SPECIFY : AVIONIC ASSESMENT  
DATE : 11/1/2019 NO. OF DAYS : 1

[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)**

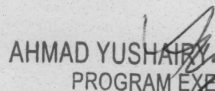
I wish to apply for leave of absence from OJT as per indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application.

.....  
Trainee Signature & Date

**APR-ATC USE ONLY**

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

~~APPROVED / REJECTED~~

  
AHMAD YUSHAIRY BIN YAAKOB  
PROGRAM EXECUTIVE  
APR-Aviation Training Centre Sdn Bhd

7/1/2019

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

**VALIDATION STAMP FOR OJT PROVIDER COPY**



**CERTIFIED TRUE COPY  
FOR OJT PROVIDER**