

**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 AFNAM 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 : ANM - BOMBA SUPERVISOR : MR. AKMAL
 EMAIL : _____ CONTACT NO : 012-4804471


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 AIRFRAME ASSESSMENT
 DATE : 15 OCTOBER 2018 NO. OF DAYS : 1
 [Trainees are required to provide supporting documents as applicable]
 All cases need relevant supporting documents.


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

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

 APPROVED / REJECTED


12/10/2018
 Recommending Officer's Signature & Date


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.


10/10/2018
 Trainee Signature & Date

APR-ATC USE ONLY **VALIDATION STAMP FOR OJT PROVIDER COPY**

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

 APPROVED / REJECTED


 Recommending Officer's Signature & Date

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