

**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 M SDN BHD
 DEPARTMENT : ANM-BOMBA SUPERVISOR : MIR-AK MAL
 EMAIL : _____ CONTACT NO : 012-420 4471

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 ASSESTMENT
 DATE : 24 29 OKTOBER 2018 NO. OF DAYS : 0.5 8:30AM-1:30 PM

[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




12/11/2018

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.

 22/10/2018

Trainee Signature & Date

APR-ATC USE ONLY

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

APPROVED / REJECTED



Recommending Officer's Signature & Date

VALIDATION STAMP FOR OJT PROVIDER COPY