



APPLICATION FOR LEAVE

Instructions:

1. This form is to be completed to obtain approval for absence from class.
2. In the event that prior approval cannot be obtained, completed forms must reach the PSB Academy within 5 working days.
3. Supporting documents (e.g. medical certificate, etc.) must be attached. **ONLY** medical certificates that are issued by registered general practitioners or specialist with the Singapore Medical Council will be accepted.
4. Student's attendance will be considered as present if approval is granted and vice-versa.
5. Please be reminded that in accordance to ICA regulations, students on a student pass needs to fulfil an attendance requirement of 90%, failure in which renewal of student pass may not be granted.
6. This slip will be returned to you upon confirmation.

SECTION A: COURSE DETAILS	
Course Title	Course Code
Module Title	

SECTION B: PARTICIPANT DETAILS (*Please delete accordingly)			
Name		Passport / Student No.	
Email Address	Handphone No.	Home Tel No.	
Address		Postal Code	
Date of Absence From		To	
Time of Absence From		To	
Reasons for Absence (Please tick accordingly)			
<input type="checkbox"/> Medical Grounds (attach medical certificate)		<input type="checkbox"/> Vacation Leave (attach documentary proof)	
<input type="checkbox"/> Others (specify below and attach details)			
I declare that the information given is true and accurate to the best of my knowledge and I have not willingly suppressed any information.			
_____		_____	
Signature of Student		Date	

FOR OFFICIAL USE ONLY – ACKNOWLEDGEMENT	
Your request for authorised leave of absence on _____ is:	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved. Attendance will be marked as zero / absent.	
_____	_____
Approving Officer's Name & Signature	Date

NB: All information provided are treated with strictest confidentiality and are meant for internal use only.