|  |  |
| --- | --- |
| **Student Name:** |  |
| **Course Name:** |  |
| **First date of leave:** |  |
| **Date returning to classroom:** |  |
| **Total Days:** |  |
| **Reason for leave** |
|  |
|  |
|  |
|  |
| Students’ Signature |  | Date: |  |
| **Trainer’s approval** |
| Comments: |
|  |
|  |
|  |
|  |
| Trainers’ Signature |  | Date: |  |
| **RTO Manager approval** |
| Comments: |
|  |
|  |
| RTO Manager Signature |  | Date: |  |
| **Date Entered into Student Management System** |  |