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