



# Leave of Absence Form

This document is to be completed by student no less than ten (10) business days before date of requested to leave and submitted to relevant Trainer / Assessor in conjunction with the MEGT Policy EDN-013-I-POL – Deferral, Cancellation, Withdrawal and Suspension Policy and Procedure  
**This document is to be used only for short absences and is at the discretion of trainer/assessor approval (based on timetabled units of competency and/or student's academic and attendance progress.**

STUDENT DETAILS			
Family Name:		Student Number:	
Given Name(s):		Date of birth:	
Class:	dd / mmm / yyyy	Phone:	
Postal Address:		Post Code:	
Preferred Email:			
Currently Enrolled Course: <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <u>or</u> <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care			
Choose One: <input type="checkbox"/> Melbourne City Campus <input type="checkbox"/> Sydney City Campus			
DETAILS OF REQUESTED ABSENCE			
Start Date:		End Date:	
Reason for Absence: <input type="checkbox"/> Holiday <input type="checkbox"/> Family Commitments <input type="checkbox"/> Medical (attach Cert) <input type="checkbox"/> Event (wedding etc) <input type="checkbox"/> Other		Supporting documents: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:			
Students Signature:		Date:	
TRAINER/ASSESSOR USE ONLY			
Date Request Received:		Approval Granted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments/Strategies:			
Name of Trainer:		Date:	
Signature of Trainer:			