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# APPLICATION FOR TAKING WORK-RELATED COURSES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMPLOYER : \_\_\_\_\_

COURSE \_\_\_\_\_

DATE \_\_\_\_\_

REASON \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

REASON \_\_\_\_\_

FROM \_\_\_\_\_

\*Signature

\_\_\_\_\_

-Signature

APPROVED BY \_\_\_\_\_

\_\_\_\_\_

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APPROVED BY \_\_\_\_\_

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APPROVED BY \_\_\_\_\_

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APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

## Authorization

I hereby authorize \_\_\_\_\_ to take the course \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_ days.