

LEARNER ABSENCE FORM		Form No: IT/005
Name of Learner:.....		
REASON FOR ABSENCE (tick box)	COMMENCEMENT DATE	DURATION OF ABSENCE
HOLIDAY [ ]		
INTERVIEW [ ]		
DOCTORS/DENTAL APPOINTMENT [ ]		
OTHER (complete below) [ ]		
Other Reason:.....		
Authorised by:		Date:
Learner Signature:		Date:

ISSUE 4

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