

# Leave Request Form

For classroom-based training only



AUSTRALIAN  
COLLEGE OF  
EXCELLENCE

RTO 45867 | CRICOS 040268

|  |  |              |  |
|--|--|--------------|--|
| <b>Student Name:</b>                               |  |              |  |
| <b>Course Name:</b>                                |  |              |  |
| <b>First date of leave:</b>                        |  |              |  |
| <b>Date returning to classroom:</b>                |  |              |  |
| <b>Total Days:</b>                                 |  |              |  |
| <b>Reason for leave</b>                            |  |              |  |
|  |  |              |  |
|  |  |              |  |
|  |  |              |  |
|  |  |              |  |
| <b>Student's Signature</b>                         |  | <b>Date:</b> |  |
| <b>Trainer's approval</b>                          |  |              |  |
| <b>Comments:</b>                                   |  |              |  |
|  |  |              |  |
|  |  |              |  |
| <b>Trainers' Signature</b>                         |  | <b>Date:</b> |  |
| <b>RTO Manager approval</b>                        |  |              |  |
| <b>Comments:</b>                                   |  |              |  |
|  |  |              |  |
|  |  |              |  |
| <b>RTO Manager Signature</b>                       |  | <b>Date:</b> |  |
| <b>Date Entered into Student Management System</b> |  |              |  |