



1 Student Leave of Absence Request Form

Date (dd / mm / yyyy)	_____ / _____ / 20_____
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Student Family Name			
Student Given Name			
Email			
Telephone		Mobile	

Employer (Dealer Name)			
Name of Employer Representative			
Position within Organisation			
Email			
Telephone		Mobile	

Commencement date of Planned Absence (dd / mm / yyyy)	_____ / _____ / 20_____	End date of Planned Absence (dd / mm / yyyy)	_____ / _____ / 20_____
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Reason for Leave	<input type="checkbox"/> Medical (supporting documentation to include Medical Certificate) <input type="checkbox"/> Compassionate (supporting documentation we require may include a statement from a Medical Practitioner, Minister of Religion or Independent Community Representative) <input type="checkbox"/> Other (state reasons below)
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Details of Circumstance	
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Declaration of Student			
(i). I declare the information I have provided on this form is correct and it is not false or misleading. (ii). I understand that MTTA may not be in a position to able to accommodate this leave.	Signature: Print Name: Date : ____ / ____ / 20____ (dd / mm / yyyy)		
Declaration of Student's Employer			
(i). I understand that there may be additional costs incurred for any necessary 'catch up' sessions that MTTA may have to conduct for the student. (ii). I understand that MTTA may not be in a position to able to accommodate this leave.	Signature: Print Name: Date : ____ / ____ / 20____ (dd / mm / yyyy)		
PLEASE NOTE:			
Once completed and signed – scan & e-mail to: mttatraining@mazda.com.au Attn: Student Support Representative Allow up to 5 working days for a response to this request. You will be contacted in due course via phone or e-mail.			
Internal use only			
Eligibility for Leave has been confirmed and approved: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Details of how the student will be catching up on the missed classes: _____ _____			
Application for Leave has been declined due to: _____ _____			
Student Support Representatives' Name		Date (dd / mm / yyyy)	____ / ____ / ____
Student Support Representatives Print Signature			