



**MINISTRY OF LABOUR AND SMALL ENTERPRISE DEVELOPMENT
ON-THE-JOB TRAINING PROGRAMME**

Corner Chaguanas Main Road and Connector Road, Chaguanas

Tel: (868) 672-7107 Ext 4029 Fax: (868) 665-8651/ 671-3457

Website: ojtonline.org

TRAINEE APPLICATION FOR LEAVE OF ABSENCE FORM

To: _____
Name of Supervisor/Head of Department

Name of Trainee: _____

Training Provider Name: _____

Training Address: _____

Indicate the 'leave type' being applied for, from the list below.

LEAVE TYPE	START DATE	END DATE
SICK (Medical Certificate for ≥ 3 days)		
*DISCRETIONARY		
MATERNITY (Copy of NI12 form attached and duly completed by Medical Practitioner and OJT Regional Office)		
EXAM (documents attached – stamped and signed)		
*BEREAVEMENT (Copy of Death Certificate indicating relation)		
*OTHER		

* Reasons: _____

TRAINEE'S SIGNATURE

DATE

Recommended

Not Recommended

Signature and Department / Company Stamp

SUPERVISOR'S NAME

DATE

SUPERVISOR'S TITLE

Approved

Not Approved

PME/PA OFFICER'S NAME

DATE

Comments:

P.S. Leave taken without prior approval from your Supervisor / Head of Department may be treated as a breach of contract. All approved leave applications must be submitted with your monthly timesheets.

