

FOR SCALA USE ONLY

APPROVER _____

DATE _____

Absentee Form

PARTICIPANTS' DECLARATION

Name: _____ NRIC Number: _____

Company: _____

I am unable to attend the following class:

Name of Module: _____

Date: _____

Reason: _____

Makeup Class Date: _____

I am aware that

1. WSG allows only 10% absenteeism from the class, and that all absenteeism is to be accompanied by a medical certificate.
2. makeup class is subject to availability, and that it is my obligation to ensure that I attend the makeup class.
3. If I do not attend the makeup class, I may be liable to be withdrawn from the course with cause.

Name and Signature of Applicant

Date:

SUPERVISORS' DECLARATION

I, _____ (Name), _____ (Designation)

declare that I am the Supervisor of _____ (Participant Name) and confirm that the participant is unable to attend class due to abovementioned reason. I further acknowledge that if the module is not completed, he/she may be withdrawn from course and all funding support will stop from that day.

Signature of Supervisor and Company stamp

Date: