

# Approval of Absence from CAC (Lecture)

**The trainee concerned should submit an "Approval of Absence Form" to the CAC Organizer PRIOR to the CAC session.**

**To: Cluster CAC Coordinator:**

- |                                |                |
|--------------------------------|----------------|
| <input type="checkbox"/> KCH   | Fax: 2959 8718 |
| <input type="checkbox"/> QMH   | Fax: 2255 5571 |
| <input type="checkbox"/> CPH   | Fax: 2466 1865 |
| <input type="checkbox"/> NTEC  | Fax: 2662 3568 |
| <input type="checkbox"/> KH    | Fax: 2711 4601 |
| <input type="checkbox"/> UCH   | Fax: 3949 5505 |
| <input type="checkbox"/> PYNEH | Fax: 2595 9721 |

I, Dr \_\_\_\_\_ of \_\_\_\_\_ Hospital, will not be able to attend the CAC (Lecture) on \_\_\_\_\_ because of:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Service Need | <input type="checkbox"/> Compensation Off               |
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Post Call Off                  |
| <input type="checkbox"/> Study Leave  | <input type="checkbox"/> Others (Please specify: _____) |
| <input type="checkbox"/> Sick Leave   |   |

Signature of Trainee: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature by applicant's Tutor / Trainer:**

- |                                  |                                 |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Reject |
|----------------------------------|---------------------------------|

_____ Name of *Tutor / Trainer	_____ Signature	_____ Date
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Please tick as appropriate  
\*Please delete as appropriate