

Approval of Absence from CAC (Clinical)

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"/> NTWC | Fax: 2466 1865 |
| <input type="checkbox"/> NTEC | Fax: 2662 3568 |
| <input type="checkbox"/> KWC | Fax: 2959 8718 |
| <input type="checkbox"/> HK Island (HKWC &HKE) | Fax: 2255 5571 & 2595 9721 |
| <input type="checkbox"/> Kowloon (KCC & KEC) | Fax: 2711 4601 & 3949 5505 |

I, Dr _____ of _____ Hospital, will not be able to attend the CAC (Clinical) 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 |
|-----------------------------------|--------------------|---------------|

Please tick as appropriate
*Please delete as appropriate