Temasek POLYTECHNIC | Security Industry Institute

Submission of Medical Leave / Application for Leave of Absence (LOA) from Training

NOTE:

1. Students must attain at least **75% overall attendance** for classes. All submissions are subject to approval.

2. If you are unable to attend training due to medical or extenuating circumstances, you are required to submit your application with original supporting document(s) to Security Industry Institute (SII) **no later than 48 hours *from the last day of the medical leave, excluding Saturday, Sunday and Public Holidays.**

   Examples of 48-hour submission deadline:

Date of Absence from Training	**Date covered by medical leave**	**Submission Deadline**
9 March	9 – 10 March	12 March
10 March	9 – 13 March	15 March
12 March	12 – 15 March	17 March

3. The completed Application form and supporting documents may be submitted by a proxy if you are unable to submit in person.

4. SII reserves the right to reject the application if it is submitted late or no valid reasons and/or valid supporting documents are given for the absence from training. No further appeal will be accepted.

5. For appeal due to medical leave, a valid medical certificate must be obtained from a medical practitioner registered with Singapore Medical Council who should not be a family member. Medical certificates from Traditional Chinese Medicine (TCM) practitioners or foreign medical practitioners are not acceptable.

6. The medical practitioner must indicate clearly on your medical certificate the period which you are medically unfit.

7. Medical Certificates issued after the date of absence from training are not acceptable.

Part A: To be completed by student

Name: _____ NRIC: _____

Tel: _____ (Home) _____ (HP)

Email: _____

Module/Course Intake: _____

Please tick ✓ accordingly

☐ **I wish to apply for MC from class *on/from:** _____ to _____

Name of Clinic : _____

Certificate No. : _____ Issued on: _____

☐ **I wish to apply for LOA from class *on/from**: _____ to _____

Reasons *(please attach relevant document to support your application)*

_____

I understand that it is my responsibility to inform my trainer(s) concerned of my absence and to follow-up with the class work that I have missed.

_____ _____

Name & Signature of Student Date

Part B: To be completed by SII

Submission of MC

Received & verified by: _____ _____

Name of Programme Executive Signature / Date

Leave of Absence (Non-medical)

Concurred by sponsored company ☐ Yes ☐ No ☐ NA

Recommended / Not Recommended* _____ _____

Programme Executive / Signature Date

Approved / Not Approved* _____ _____

Asst. Manager / Signature Date

** Please delete accordingly*