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10/1

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APPLICATION FOR TAKING WORK-RELATED COURSES

NAME _____

ADDRESS _____ PHONE NUMBER _____

EMPLOYER : _____

COURSE _____

DATE _____

REASON _____

FROM _____

TO _____

BY _____

BY _____

*Signature

-Signature

APPROVED BY _____

DATE _____

DATE _____

EMPLOYER'S SIGNATURE _____

Authorization

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