

## 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