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# APPLICATION FOR TAKING WORK-RELATED COURSES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMPLOYER : \_\_\_\_\_

COURSE \_\_\_\_\_

DATE \_\_\_\_\_

REASON \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

\*Signature

-Signature

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## Authorization

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