



# THErapy LEAVE REQUEST FORM

## 治療服務請假申請表



This form is used for cancellation of private one-on-one sessions only.

Please submit this form to the Admin Office [info@cdchk.org](mailto:info@cdchk.org).

Student Name: 學生姓名:							
Therapy Type: 治療類別:	Speech therapy 言語治療	Occupational Therapy 職業治療	Physiotherapy 物理治療	IES 個別治療			
Therapist Name: 治療師姓名:							
Therapy Schedule: 治療時間表:	Mon 星期一	Tue 星期二	Wed 星期三	Thu 星期四	Fri 星期五	Sat 星期六	Time 時間:
Date(s) of session(s) involved: 受影響課堂日期:							
Reason: 請假原因:	Sick Leave 病假  Name of CDC staff member informed: 已通知 CDC 職員姓名: Informed CDC 3 hours before session time or before 9am 已於課堂前 3 小時或上午 9 時前通知 CDC Doctor's Note attached 已附醫生證明						
	Other Leave: maximum 3 sessions per school year 其他假期申請：每學年不多過 3 堂  7 days advance notice given to CDC Admin Office 已於請假日期 7 日前通知 CDC 辦公室						

Parent/Guardian's Signature 家長簽署

Submission Date 申請日期

Parent/Guardian's Name 家長姓名

Contact Tel. No. 聯絡電話

### For Office Use

Staff Acknowledgement	Initial	Date
Admin Office		
Programme Management		
Therapist		
Accounts Department		