



THERAPY LEAVE REQUEST FORM

治療服務請假申請表

This form is used for the cancellation of one-on-one sessions only. Please submit to the Admin Office info@cdchk.org

Student Name: 學生姓名:								
Therapy Type: 治療類別:	<input type="checkbox"/> Speech therapy 言語治療	<input type="checkbox"/> Occupational Therapy 職業治療	<input type="checkbox"/> Physiotherapy 物理治療	<input type="checkbox"/> IES/others 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:	<input type="checkbox"/> Sick Leave 病假							
	<input type="checkbox"/> Name of CDC staff member informed: 已通知 CDC 職員姓名:							
	<input type="checkbox"/> 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							
	<input type="checkbox"/> Doctor's Note required (within 7 days from the date of absence) 醫生證明 (必須在缺課日 7 天內遞交)							
	<input type="checkbox"/> Other Leave: 6 days leave quota per school year, August to July, pro-rated based on date of enrollment and withdrawal. 其他假期申請: 每學年, 由 8 月至 7 月, 有 6 天請假配額。按照入讀確認及退學日期按比例結算。							
<input type="checkbox"/> 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

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For Office Use
