

I, the undersigned,

Cours Communaux de Langues Modernes

Rue Abbé Jean Heymans, 29
1200 Woluwe-Saint-Lambert
02/761.75.27 (Direction) 02/761.75.28 (Secrétariat)
cours.cclm@gmail.com

Request for certificates concerning the paid educational leave

To be handed in at the secretariat within 7 days after reception of the instructions concerning the educational leave and after having read the instructions on our website www.cclm.be carefully.

Surname:		
First name:		
National registration number:		
(Name mentioned on the identity card)		
Language + level:		
Mail address:		
Employer:		
 ✓ Request the necessary docum ✓ In case of absence, I undertal justification document as soo quarterly presence document 	ke to supply the secreta on as possible, before w	ariat with a e can issue the
Date:	Signature	For approval,