

Request for Leave of Absence

Name _____ Member No _____

Phone No: _____ Alt No: _____

Reason for Request:

Sick Leave: _____ Military Leave _____ Other _____

Explain: _____

Date of Request: _____ Date Effective _____

Expected Date of Return _____

Signature _____

Office Use Only:

Approved By: _____

Date of Computer Change: _____

Initials: _____

Date Reactivated: _____

Initials: _____