

Request for Leave of Absence

Name _____ Member No _____

Phone No _____ Alt No _____

Reason for Request:

Sick/Medical Leave _____ Military Leave _____

Explain: _____

Date of Request _____ Date Effective _____

Expected Date of Return _____ Signature _____

Actual Date of Return _____ Signature _____

Office Use Only:

Approved By: _____

Date of Computer Change: _____

Initials: _____

Date Reactivated: _____

Initials: _____