

All form fields are required. The form will not be processed if any of the fields are incomplete. Write N/A if not applicable.

INFORMATION ON RECORD

UID			
FIRST NAME		LAST NAME	
EMAIL		PHONE	
PROGRAM		SITE	
DEPARTMENT(S)		LEADERS ONLY: DATE PM NOTIFIED	

REASON FOR LEAVE OF ABSENCE

REASON	
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REQUESTED DURATION OF LEAVE

LAST SHIFT DATE		RETURN DATE	
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LEAVE OF ABSENCE PROCESS SUMMARY

For the full policy and procedure surrounding the leave of absence process, please refer to the training manual. Upon submitting a *Leave of Absence (LOA) Request* at least 14 days prior to requested leave date, please note the following:

Approved	<ul style="list-style-type: none"> The Scholar will receive approval and an email confirmation from the LOA Coordinator Leave will not go into effect until the scholar submits his/her ID badge to the on-site program office
Denied	<ul style="list-style-type: none"> The Scholar is expected to continue weekly shifting requirement
Additional Information	<ul style="list-style-type: none"> An absence from the floor exceeding 110 days requires the scholar to retrain and pass both the written and practical exams with an 80% or higher <ul style="list-style-type: none"> Failure to pass the exams would result in release from the program. An absence from the floor exceeding 180 days results in release from the program and the scholar must reapply if they wish to return Failure to return from LOA after 14 days without communication exceeding the return date will result in dismissal from the program

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, the Scholar, agree to comply with the *Leave of Absence Policy*. I understand that this form constitutes a request, and must be approved by the LOA Coordinator and/or Program Manager in order to take effect.

SCHOLAR SIGNATURE	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE
LEADER/ PROGRAM MANAGER SIGNATURE	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE