

Mountain Sunrise Rotary LEAVE OF ABSENCE REQUEST FORM

Section 1: PERSONAL INFORMATION (Club Member completes Sections 1 and 2 and returns completed form)			
Last Name:		First Name:	
Mailing Address:		Home Phone:	
Date Submitted:		Cell Phone:	
Signature:		E-mail:	
Section 2: CLUB MEMBER: Complete requested dates of leave and check the reason for request			
I request that my leave begin on _____ and end on _____. (If necessary, give approximate dates.)			
Personal Leaves: check all that apply			
<input type="checkbox"/>	Club Member Illness		
<input type="checkbox"/>	Child/Parent/Spouse Illness		
<input type="checkbox"/>	Maternity, including adoption		
<input type="checkbox"/>	Military		
<input type="checkbox"/>	Educational		
<input type="checkbox"/>	Other Personal	Explanation of Other	
Section 3: Membership Chair: Complete this section			
Name (Print):		E-mail:	
Signature:	Phone:	Date:	
Name(s) and E-mail(s) of any others to receive Determination Form:			
Committees or activities Club Member is active in:			
<input type="checkbox"/> Board <input type="checkbox"/> CHOICES <input type="checkbox"/> Auction <input type="checkbox"/> RYLA	<input type="checkbox"/> PRYDE <input type="checkbox"/> Scholarships <input type="checkbox"/> Rebuilding Day <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Determination: (1) Submitted to Board? ____ YES ____ NO If so, provide date _____ Comments _____ (2) Approved by Board? ____ YES ____ NO (3) If so, provide date _____ (4) Leave dates approved: From _____ To _____ (5) Notes or special comments: _____ _____			