LEAVE OF ABSENCE

Members may apply for a Leave of Absence (LOA) should they be unable to attend regular club meetings for three or more months. An advantage of being on LOA is that members can visit other Rotary clubs since they are still Rotarians in good standings. A LOA is not intended to operate to prevent a forfeiture of membership; it is intended to reserve the applicant's membership status upon their return. It is important to note that the member will continue to be billed for dues and other fees as approved by the board.

Leave of Absence: Upon a written application to the Board, setting forth good and sufficient cause, a Leave of Absence may be granted excusing a member from attending the meetings of the club for a specified length of time. The minimum time for such Leave of Absence shall be three months. The member requesting such Leave of Absence will be allowed no more than three extensions with submission of a written application, not to exceed a total leave of absence of one year. All requests for Leave of Absence under this Membership Addendum, or extensions thereof, shall be completed in writing on the application form made available for such requests. Failure to submit written application for extension of any existing Leave of Absence prior to the expiration of an existing Leave of Absence may be deemed a forfeiture of membership. ***During the leave of absence, the excused member shall be billed the club dues and other fees as approved by the board***.

Request for Leave of Absence Request for Leave of Absence submitted by :

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave of Absence date from/to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Please include RI number:

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Action: \_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_ Rejected \_\_\_\_\_\_\_\_\_\_ Date

Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_