



Rotary Club of St. Augustine Sunrise

Leave of Absence Request Form

Date of Request: _____

Circle One: New Request Extension of Approved LOA

Member Name: _____

Request Start and End Dates: _____

(Minimum 1 Month, Maximum 3 Months)

Approved Causes for Leave of Absence (Select one)

<input type="checkbox"/>	Death In Immediate Family	<input type="checkbox"/>	Serious Illness of Injury to Member or Immediate Family
<input type="checkbox"/>	Temporary Loss of Employment	<input type="checkbox"/>	Extended but not permanent travel (Business or Personal)
<input type="checkbox"/>	Military Service	<input type="checkbox"/>	Other (Describe Below)

The Board will consider other reasonable requests. If applicable, please provide additional information to support an unlisted category:

Member signature / Date: _____

Please submit completed and signed request to the Club Secretary

Board Determination: **Approved** **Disapproved** (circle one)

Club Secretary Signature: _____ Date: _____

Board Approved: _____

Date