



CIVICORPS

CORPSMEMBER LEAVE OF ABSENCE REQUEST FORM

Last Name

First Name

Type of LOA

- Medical or Emergency
- Personal

LOA from

- Work only
- Work and Academy

Dates

Start Date

End date

Reason for LOA

Present standing in program:

- On Contract
- In Job Holding
- Had a previous LOA for the same reason within the last year

Note: A check in any of the above 3 boxes can be grounds for denial, unless it's a medical or emergency.

- Documentation provided for Medical/Emergency Leave

Corpsmember Signature

Supervisor Signature

Date

Coordinator or Manager Signature

Date

This LOA Request is:

- Denied
- Approved

Reason for denial: