

APPLICATION FOR LEAVE OF ABSENCE

Membership Form 5

APPLICANT INFORMATION

Name of the Applicant	Date of Birth
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Mailing Address during leave

City/Town/Settlement	Province	Postal Code
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I hereby apply for a leave of absence for the period of _____ to _____

Signature of Applicant	Date of Application
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QUESTIONS

1. Have you ever had an approved leave of absence?

If yes, when did the leave expire? _____

2. Why are you applying for a leave of absence?

3. When will you (or did you) leave the Settlement? _____

DECISION

Decision <input type="checkbox"/> Approved <input type="checkbox"/> Refused	Date of decision
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Signature of Chairman	Signature of Administrator
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Signature of Councillor	Signature of Councillor
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Signature of Councillor	Signature of Councillor
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Approved length of the Leave of Absence from _____ to _____

Other conditions of the Leave of Absence