

APPLICATION FOR LEAVE OF ABSENCE

Membership Form 5

APPLICANT INFORMATION

Name of the Applicant		Date of Birth
Mailing Address during leave		
City/Town/Settlement	Province	Postal Code
I hereby apply for a leave of absence for the period of _____ to _____		
Signature of Applicant		Date of Application

QUESTIONS

1. Have you ever had an approved leave of absence? Yes No
 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
Signature of Chairman	Signature of Administrator	
Signature of Councillor	Signature of Councillor	
Signature of Councillor	Signature of Councillor	
Approved length of the Leave of Absence from _____ to _____		
Other conditions of the Leave of Absence		