



The Rotary Club of Skidaway Island

Leave of Absence (LOA) Request and Approval Form

Member Name _____ Date _____

Requested Leave Dates: Starting ___/___/___ Returning ___/___/___

Please provide reason for your request:

Note: The reasons listed below are normally approved by the Club secretary. All other reasons are subject to full Board review and approval.

1. Extended stay at a second home
2. Business demands
3. Medical issues for self or family

Member Signature _____

REGARDING BILLING DURING LOA

For LOA requests received by the first date of the billing quarter, member will be billed \$3 per meeting for the LOA period. If the member attends a meeting during the LOA period, a \$10 fee will be charged. Members may pay at the meeting or defer the charge to the next quarter invoice.

If LOA request is not submitted by the first day of the billing quarter, the normal \$13 per meeting charge will be invoiced. Credits of \$10 per meeting for each approved LOA meeting missed during that quarter will then be applied in the next quarterly billing cycle.

Approved Denied Date of Board Review _____

Secretary Signature _____