



The Rotary Club of Skidaway Island

Leave of Absence Request and Approval Form

Date of request: _____

Club Member requesting: _____

Relevant dates: From _____ To _____

Please provide reason for request below:

Signature of member requesting*: _____

*Member acknowledges that during the leave of absence billing for meals will continue and that subsequent bills will reflect a \$ 8.00 credit for each meeting missed during the period of absence and a full credit for meetings made up at another club.

Date of Board Review: _____

Result of Board Review

Approved Not Approved

Signature of Officer or Board Member: _____

Follow-up dates, if any: _____

Types of Requests: The following types of requests are normally approved by the board secretary without board consideration:

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

Requests involving reasons other than the above will be reviewed by the Board and will be subject to board approval