



**Request for Leave of Absence  
Rotary Club of Colorado Springs**

**By Laws of the Rotary Club of Colorado Springs, Article XIII-Leaves of Absence:** Upon written application to the Board of Directors, setting forth good and sufficient cause, a leave of absence may be granted by the Board excusing a Member from attending the meeting of the club for a specified period of time. No single leave of absence shall be granted for a period in excess of 6 months, nor shall any Member be granted leaves of absence for a cumulative period exceeding 12 months during any 2 consecutive fiscal years.

**Name of Member Requesting Leave:** \_\_\_\_\_

**Leave of Absence Request shall begin on:** \_\_\_\_\_ **and end on** \_\_\_\_\_

**Reason for Leave (brief description, such as out of country, work related, etc.):** \_\_\_\_\_

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Although the Member is excused from making meetings and will not be invoiced for meals during the Leave of Absence, the Club is required to pay District, International and Club Rotary dues. The Member, by signing below, agrees to pay those dues to the Club as reimbursement for that expense, and will be billed at the regular quarterly billing cycle.

**Current Dues are: \$70 per calendar quarter payable to Rotary Club of Colorado Springs.**

**Additionally, at the Member's option, contributions may or may not continue to the Rotary Club of Colorado Springs Service Fund (RCCSSF), the Rotary International Foundation (RIF), and Pikes Peak Area Rotary Endowment (PPARE).**

**Please indicate by placing and X in the appropriate space (choose one) and indicate appropriate contribution per calendar quarter:**

\_\_\_\_\_ **Continue to collect contributions to:**  
Rotary Club of Colorado Springs Service Fund (RCCSSF), in the amount of \$ \_\_\_\_\_ per calendar quarter.  
Rotary International Foundation (RIF) in the amount of \$ \_\_\_\_\_ per calendar quarter.  
Pikes Peak Area Rotary Endowment (PPARE) in the amount of \$ \_\_\_\_\_ per calendar quarter.

\_\_\_\_\_ **Do not collect contributions to either the CSF, RIF, and PPARE during this Leave of Absence.**

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**