

Chico Rotary Club
Request for Work-Related Leave of Absence

Please submit this form to the Rotary Office **before** the monthly Board Meeting for work-related leaves of absence. Do not use this form for Medical and/or Family Leave. Email the Club President directly instead.

I have read the Leave of Absence policy.

Member Name _____

Term of Requested Leave _____ (Maximum 3 months)

Beginning and Ending Dates of Requested Leave _____

Have you previously been granted a work-related leave of absence?

Yes

No

If yes, when? _____

Reasons for Leave Request

Current Team _____

***Criteria for Leave of Absence Approval:**

1. You must be a member in good standing and have fulfilled all the requirements for obtaining your black badge and
2. You must be current in paying annual dues and all other financial commitments to the Club.

Please note that meetings missed before approving the requested leave require make-up per club engagement policy.

By signing below, you affirm that the above-listed criteria apply to your request.

Member Signature _____ Date _____