



Toledo
CAREER INSTITUTE

LEAVE OF ABSENCE REQUEST (STUDENT)

Student Name _____ **Program** _____

1. Date/s leave requested for: _____

2. Total length of requested leave of absence: _____

3. Reason for leave: Bereavement
 Military Service Covered Uniformed Services Employment and Reemployment Rights Act
 Other: _____

Comments/Explanation:

Student Signature _____ Date _____

LEAVE OF ABSENCE OUTCOME
(To be completed by the Program Director)

The leave of absence request was _____ **approved**
_____ **disapproved (please explain)** _____

Other comments _____

Signature of Program Director _____ **Date** _____

(Filed in student records)