

STUDENT ABSENCE REQUEST FORM

1 _____
STUDENT NAME YEAR IN PROGRAM

2 _____
DEPARTURE DATE RETURN DATE

3 _____
CELL PHONE EMAIL

4 _____
SEASONAL MAINTENANCE

SEASONAL MAINTENANCE REPLACEMENT SIGNATURE

SEASONAL MAINTENANCE SUPERVISOR SIGNATURE

JOYLIST SUPERVISOR SIGNATURE

STUDENT SIGNATURE

ADMINISTRATIVE COORDINATOR SIGNATURE

ADDITIONAL NOTES IF *LEAVE OF ABSENCE IS REQUESTED

APPROVED DENIED DATE OF PROCESS _____

*CONDITIONS FOR RETURN FROM LEAVE OF ABSENCE WILL BE PROVIDED BY EDUCATION OFFICE IF APPLICABLE