

**Request for Leave of Absence Form**

\_\_\_\_\_ Date received in county office

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved  By: \_\_\_\_\_ Date \_\_\_\_\_

Denied  By: \_\_\_\_\_ Date \_\_\_\_\_

Please file this in the M.G. records at the County Extension Office.

\_\_\_\_\_

\*Optional by County:

Newsletter:

Yes, I would like to continue to receive the newsletter.

\_\_\_\_\_ Dues enclosed.

No, I would not like to continue to receive the newsletter.