

APPLICATION FOR A LEAVE OF ABSENCE
Membership Form 5

APPLICANT INFORMATION		
Name of Applicant:	Date of Birth:	
Mailing Address during leave:		
City, Town, Settlement:	Province:	Postal Code:
I hereby apply for a leave of absence for the period of: _____ to _____.		
Signature of Applicant:	Date:	
QUESTIONS		
1. Have you ever had an approved leave of absence? Yes ____ No ____ If yes, when did the leave expire? _____		
2. Why are you applying for a Leave of Absence?		
3. When will you (or did you) leave the Settlement?		
DECISION		
Decision: Approved _____ Refused _____		Date of Decision:
Signature of Chairman:	Signature of Administrator:	
Signature of Councillor:	Signature of Councillor:	
Signature of Councillor:	Signature of Councillor:	
Approved length of the Leave of Absence from: _____ - _____.		
Other conditions for the Leave of Absence:		