

# Rotary



## Club of St. Simons Island, Georgia

### LEAVE OF ABSENCE REQUEST FORM

Name:

Requests a LEAVE OF ABSENCE (LOA) from attendance at the St. Simons Rotary Club meetings for the following reason: (please check one)

MEDICAL     SEASONAL     PERSONAL     OTHER:

All LOAs require Board of Director's approval. The LOA period requested may be for 3 months minimum to 6 months maximum. Another LOA request is required at the end of 6 months in order to extend the LOA.

LOA START DATE:        /        /        (expected) LOA END DATE:        /        /

Member Signature:

Upon approval, dues are prorated at the current LOA rate.

\_\_\_\_\_  
President, St. Simons Island Rotary Club

\_\_\_\_\_  
Date

LOA approved

LOA not approved

UPON APPROVAL, PLEASE PROVIDE A COPY TO THE TREASURER SO THAT DUES RECORDS MAY BE ADJUSTED