BLAIRSTOWN AMBULANCE CORPS

REQUEST FOR A LEAVE OF ABSENCE

Please complete all the necessary information. Be sure that you have read the application completely before signing.

Type of Leave Requested:

☐ School Leave: From: _____ To: _____
Month/day/year month/day/year

School leave cannot exceed 12 consecutive months and is renewable yearly. While on school leave, Students are requested to contact the Captain and provide availability to ride when home from school**. Time in Service to the Corps is suspended.**

☐ Military Leave: From: _____
Month/day year

Military leave is for the entire length of your enlistment. No renewal is necessary.
Time in Service to the Corps is fully creditable service with honorable discharge verified by DD214.

☐ Other Leave: From: _____ To: _____
Month/day/year month/day/year

Reason for request: _____

Other leave cannot exceed 12 consecutive months and is not renewable.
Members needing more time should consider writing a letter of resignation. Members who resign in "Good Standing" at the time of resignation may return to the Corps at a later date by writing a letter requesting to return. **Time in Service to the Corps is suspended.**

At the captain's request, I am also turning in requested outer apparel and any equipment such as pagers, etc. that are costly and may be utilized by active members in my absence.

I have read and understand the above information pertaining to my request for a Leave of Absence and understand that it is my responsibility to renew this when due, or to return to active duty upon its expiration. I also reserve the right to return to full active duty earlier than expected, by submitting a written request to the Corps.

I have also read and understand the Blairstown Ambulance Corps Constitution and Bylaws (Revised 2008) as they pertain to Leave of Absence.

_____ _____
Signature of requesting member Please Print Name

Date form completed: _____ Date received by Corps: _____

Request: Approved: _____ Denied: _____ Equip Returned: _____