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.

Leave Requested:

☐ School Leave- Fill in all that apply:

Semester (circle one): Spring/Summer/Fall/Winter **Dates:** From: _____ (MM/DD/YY) To: _____ (MM/DD/YY)

Semester (circle one): Spring/Summer/Fall/Winter **Dates:** From: _____ (MM/DD/YY) To: _____ (MM/DD/YY)

Name of school: _____

Address of residence while attending school: _____

School leave applies to members who are attending school full time and live outside of our response area. While on school leave, Students are **required** to contact the Captain and provide availability to ride when home from school. **Time in Service to the Corps is suspended.**

☐ Military Leave: From: _____ (MM/DD/YY)

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: (i.e. Medical, Personal)

From: _____ (MM/DD/YY) To: _____ (MM/DD/YY)

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. If the member who resigns would like to return to the squad they must follow the normal process for membership.

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. NOTE: A Doctor's note is required in order to return to active duty from a medical leave.

I have also read and understand the Blairstown Ambulance Corps current Constitution and Bylaws 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: _____