



Leave of Absence Form

*Members requesting a leave of absence are required to complete this form and have it approved by the Comal County Executive Board **prior** to taking time off from the program. Exceptions, such as an accident requiring extensive recovery, may be approved by the Executive Board retroactively. A member must have an appropriate reason to make this request. Certification or recertification requirements are put on hold during this time and additional hours may be required to be reinstated as an active volunteer at the discretion of the Executive Board. Members on leave of absence are still required to pay annual dues and maintain a current background check.*

Name _____ Class _____

Status _____ Date _____

Email Address _____

Date of Leave of Absence _____

I would like to request a leave of absence because:

For Board Use:

Expected Return Date _____

Approval by Executive Board

Yes No

Signature _____

Date _____

During the approved time, the status of the member is to be changed to "Leave of Absence" in VMS.