

# Leave of Absence Request

To request a *Leave of Absence* please complete this form and send to: WECA, 3695 Bleckely Street, Rancho Cordova CA 95655;  
 fax: 916-452-7011; email: [apregistrar@goweca.com](mailto:apregistrar@goweca.com).

Your request will be reviewed, and a decision will be made to approve or deny within 7 days. Please attach any information needed to support your request.

Apprentice Name and Phone Number			Apprentice ID #		
Program (check one)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> VDV		
Class Year (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Contractor Name and Phone Number					
Current Class Dates and Location	/	/20	to	/	/20
	Sacramento	Riverside	San Diego		
<b>Reason for Request</b>					
LOA Start Date	/	/20	LOA End Date	/	/20
<input type="checkbox"/> Medical Leave of Absence			<input type="checkbox"/> Documentation Attached		
<b>Explain:</b>					
<input type="checkbox"/> Personal Leave of Absence			<input type="checkbox"/> Documentation Attached		
<b>Explain:</b>					
<input type="checkbox"/> Military Leave of Absence			<input type="checkbox"/> Documentation Attached		
<b>Explain:</b>					
<b>For WECA Use Only</b>					
Date LOA Request Received	/	/20			
Probationary Period Completed? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Documentation Attached (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Apprenticeship Registrar Decision (check one)	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason:		
Ops Manager Decision (check one)	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason:		
Notification calls made to:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Apprentice			
Unenrolled from class?	<input type="checkbox"/> Yes				
AR Signature		OM Signature		Date	