

Leave of Absence Request

To request a *Leave of Absence* please complete this form and send to, email: wfd@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	/ / to / / Sacramento Fresno Riverside San Diego Arizona Utah				
Reason for Request					
LOA Start Date / /			LOA End Date / /		
<input type="checkbox"/> Medical Leave of Absence			<input type="checkbox"/> Documentation Attached		
Explain:					
<input type="checkbox"/> Personal Leave of Absence			<input type="checkbox"/> Documentation Attached		
Explain:					
<input type="checkbox"/> Military Leave of Absence			<input type="checkbox"/> Documentation Attached		
Explain:					
For WECA Use Only					
Date LOA Request Received	/ /				
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				
Staff Decision (check one)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Reason:		
Asst Director 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				
Staff Signature		Manager Signature		Date	