

Leave of Absence Request

To request a *Leave of Absence* please complete this form and send to, email: rmeek@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