

Leave of Absence Request

To request a *Leave of Absence* please complete this form and hand-deliver or mail to : WECA, 9719 Lincoln Village Drive, #303, Sacramento, CA 95827 or you can fax it to 916-452-7011. Your request will be reviewed and a decision will be made to approve or deny within 7 days. Please attach any additional 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 San Diego
Reason for Request			
<input type="checkbox"/> Medical Leave of Absence <input type="checkbox"/> Personal Leave of Absence <input type="checkbox"/> Military Leave of Absence			
LOA Start Date	/ /20	LOA End Date	/ /20
Explanation:			
For WECA Use Only			
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	
Program Admin Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason:
Notification calls made to:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Apprentice	
Unenrolled from class?	<input type="checkbox"/> Yes		
Signature		Date	