

Leave of Absence Request

To request a *Leave of Absence* please complete this form and hand-deliver or mail to : WECA, 3695 Bleckely Street, Rancho Cordova CA 95655 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		