



Minneapolis Electrical JATC

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LEAVE OF ABSENCE REQUEST FORM

NAME: _____ DATE: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PRIMARY PHONE #: _____ CELL HOME

REASON FOR LOA REQUEST: _____

APPRENTICE SIGNATURE: _____

LOA EFFECTIVE DATE: _____

TRAINING DIRECTOR APPROVAL: _____ DATE: _____

FOR OFFICE USE ONLY

COMMITTEE APPROVAL DATE: _____

TRADESCHOOL DATE: _____ INITIAL: _____