

CBBC Leave of Absence Request

Date of request: _____

Requested Begin Date: _____ Requested End

Date: _____

(leave must be at least 4 weeks and can be up to 12 weeks)

Member Name: _____

Company

Name: _____

Reason for

Leave: _____

Member

Signature _____ Date _____

Request for Leave: Approved _____ Denied _____

Number of members in attendance _____ Votes For: _____ Against: _____
% For: _____ Against: _____

President

Signature _____ Date _____

Vice President

Signature _____ Date _____

(Must have the signature of at least one of the above named officers)

CBBC Leave of Absence Extension Request

Date of request: _____

Requested Begin Date: _____ Requested End

Date: _____

(leave must be at least 4 weeks and can be up to 12 weeks)

Member Name: _____

Company

Name: _____

Reason for

Extension: _____

Member
Signature _____ Date _____

Request for Leave: Approved _____ Denied _____
Number of members in attendance _____ Votes For: _____ Against: _____
% For: _____ Against: _____

President
Signature _____ Date _____

Vice President
Signature _____ Date _____

(Must have the signature of at least one of the above named officers)