## **CBBC** Leave of Absence Request

Date of request:	
Requested Begin Date:	Requested End
Date:	
	weeks and can be up to 12 weeks)
Member Name:	
Company	
Name:	
Reason for	
Leave:	
Member	
	Date
Request for Leave: Approved Den	nied
Number of members in attendance	Votes For:Against:
	% For:Against:
President	
	Date
Vice President	
Signature	
(Must have the signature of a	at least one of the above named officers)
CRRC Leave of	f Absence Extension
CBBC Ecuve of	i i kosence Emecusion
R	equest
	equest
Date of request:	
Requested Begin Date:	Requested End
Date:	
Date:(leave must be at least 4	weeks and can be up to 12 weeks)
Member Name:	
Company	
Name:	
Reason for	
Extension:	

		Line
		<u> </u>
Member		
Signature	Date	
Request for Leave: Approved Deni Number of members in attendance	ied	
Number of members in attendance	Votes For:	Against:
	% For:	Against:
President		
Signature	Date	
Vice President		
Signature	Date	
(Must have the signature of a	least one of the above n	amed officers)