



## Leave of Absence Request Form

SCLCA may grant a leave of absence for up to three years if you are temporarily absent from the safety and health practice. You must submit this Leave of Absence Request Form to SCLCA's COSS Operations Supervisor by fax (225-799-1099) or email [bgordon@cos.net](mailto:bgordon@cos.net).

### Absence Information

Student's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Absence Requested (check all that apply):

- Absent from S&H Field     Disability     Bereavement     Unemployment  
 Military Duty     Jury Duty     Maternity/Paternity     Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leave of Absence:

*During an approved leave of absence, the number of Recertification CEUs or contact hours required will be reduced by 1 CEU or 10 contact hours per approved year. The reduced CEUs or contact hours may apply to more than one cycle. The leave of absence will not alter the cycle periods and schedule for reporting. To retain your valid certificate, you must continue to pay your \$135 renewal fee during a leave of absence.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### COSS Operations Supervisor's Approval

- Approved  
 Rejected

Comments:

# of CEUs or Contact hrs. reduced by \_\_\_ or \_\_\_ for next recertification cycle.

Original Certificate Date: \_\_\_\_\_ Original Expiration Date: \_\_\_\_\_

New Expiration Date: \_\_\_\_\_ Next Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
COSS Operations Supervisor's Signature

\_\_\_\_\_  
Date

**During a leave of absence, you must continue to pay your recertification dues.**

**COSS Recertification Fee: \$135.00 for three years.**

**PAYMENT TYPES ACCEPTED (Check the method you are using):**

- Company Check (personal checks not accepted; company check must accompany this registration form and must be made out to SCLCA)
- Money Order or Cashier's Check (must accompany this registration form)
- Credit/Debit Card
  - Credit/Debit Card Number: \_\_\_\_\_
  - Expiration Date: \_\_\_\_\_/\_\_\_\_\_
  - Name on Card: \_\_\_\_\_

I hereby authorize the payment of \$135 to the Safety Council for COSS Recertification.

Cardholder's Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_