



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 info@coos.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 certification, you must continue to pay your \$45 annual 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.

COSS Operations Supervisor's Signature

Date