OHS
Committed to Public Safety Since 1978

PRINT

LEAVE OF ABSENCE (LOA) REQUEST FORM

Participant Name: _____ Date: _____

Address: _____ OHS ID #: _____

_____ OHS Group #: _____

This participant will not be able to attend the OHS DUI program for the following reason:

☐ Vacation → only granted to clients who are current in all areas, including program fees.

☐ Military Duty ☐ Work out of Town ☐ Illness ☐ Incarceration ☐ Treatment ☐ Personal Hardship

IMPORTANT LEAVE OF ABSENCE INFORMATION FOR PARTICIPANTS

- The LOA fee is due at the time the LOA is requested.
- Those who have past due fee balances while on LOA must have a plan to get current.
  ☐ Fees Current ☐ Fees Past Due $_____. Payment plan arranged with accounting is $_____ per month.
- The time out on Leave of Absence is not counted as active time in the program.
- You must provide written documentation that supports LOA request, (i.e.) reason and dates.
- If the reason for your LOA is no longer valid, you must contact OHS and resume the program.
- If you fail to contact OHS by your scheduled return date you are in jeopardy of being dismissed from the program for failure to return from LOA.
- Those who need an LOA extension must contact the program prior to the scheduled return date and provide documentation. The reason for the extension must be the same as the reason for the original LOA.

LOA Explanation: _____

_____

_____

LOA Documentation: ☐ is provided ☐ pending ☐ medical documentation was verified by: _____

_____

_____

Reason for Retro LOA: _____

_____

The date of first activity missed is on _____ / _____ / _____The return date will be _____ / _____ / _____

Those with an LOA which is two weeks or less will resume the same schedule they had before the LOA.

Those with an LOA longer than two weeks must contact OHS by the scheduled return date, to be reassigned to remaining program activities. **Please contact the following staff member to be assigned back to activities:**

_____ @ _____

OHS Staff Name Phone Number

Signature of OHS Staff Originating LOA Request: _____ Date: _____

☐ Approved ☐ Conditionally Approved (documentation is needed) ☐ Denied

Designee: _____ Title: _____ Date: _____