



Leave Request

Date: _____

Name: _____

Written Request Received: YES NO

Program: _____

Doctor Note Required: YES NO

Instructor: _____

Except in emergency cases, requests must be submitted 5 working days prior to the commencement of leave. Request must be approved by Student Accounts. **You are required to notify Student Accounts prior to your return date (209) 207-5794.**

Type of Leave	Leave Start Date	Leave Return Date	Additional Comments
Family Medical Leave			
Medical			

Please note: Students will be asked to take their kits home if an extended leave is granted.

Student took kit home: _____ Student left Key and Swipe Card: _____

Student Signature _____ Date _____

Student Accounts Signature: _____ Date: _____

CAC Student Accounts Approval: YES NO

Mission

The San Joaquin County Office of Education's Career Technical Education provides an innovative atmosphere committed to 21st century skills acquisition through successful, professional, and reputable student-focused programs.