



## Leave of Absence Form

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*Members requesting a leave of absence are required to complete this form and have it approved by the Extension personnel in their county (Agent or Master Gardener Coordinator) prior to taking time off from the program, with some exceptions, such as an accident requiring extensive recovery. An Extension Master Gardener must have an appropriate reason to make this request. Certification or recertification requirements are put on hold during this time and additional hours may be required to be reinstated as an active volunteer at the discretion of the agent.*

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Name \_\_\_\_\_ Class \_\_\_\_\_

Status \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Leave of Absence \_\_\_\_\_

I would like to request a leave of absence because:

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*For Office Use:*

Expected Return Date \_\_\_\_\_

Approval by Extension personnel

Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

During the approved time, the status of the Extension Master Gardener is to be changed to "Leave of Absence" in VMS.