

WORKFORCE SERVICES

sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

LEAVE WITHOUT PAY REQUEST

Fill out this form and submit to your case manager at least five (5) working days prior to the proposed absence.

I, _____ request a leave of absence from my Community Service Assignment at _____.

Date of leave: From _____ to _____

Reason for Absence:

A doctor's statement is required before you can return to your community service assignment when leave is for the purpose of illness or medical reasons.

LWOP should not exceed a total of 60 days in a single program year. If you exceed approved LWOP you may be subject to disciplinary action up to termination.

PARTICIPANT SIGNATURE

____/____/____
DATE

HOST AGENCY SUPERVISOR

____/____/____
DATE

DRL OFFICE USE

Approved Denied

SCSEP EMPLOYMENT SPECIALIST SIGNATURE

DATE