

**LEAVE OF ABSENCE REQUEST FORM**

All form fields are required. The form will not be processed if any of the fields are incomplete. Write N/A if not applicable.

**FULL NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST

\_\_\_\_\_  
E-MAIL HOME PHONE CELL PHONE WORK PHONE

**ADDRESS:** \_\_\_\_\_  
*Permanent* STREET CITY STATE ZIP

**ADDRESS:** \_\_\_\_\_  
*Local* STREET CITY STATE ZIP

**VOLUNTEER PROGRAM:** \_\_\_\_\_

**SITE:** RONALD REAGAN HOSPITAL

Please check here if your information has changed since your entry into the program

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

I understand that I must email ([studentvol@mednet.ucla.edu](mailto:studentvol@mednet.ucla.edu)) my request for a leave of absence no less than 14 days prior to my intended start date. Requests submitted less than 14 days before my intended leave date may result in my leave being approved past my requested leave date. Any time in which I am on leave from the floors without prior approval, will potentially be considered time spent missing in action (MIA). Accumulating 14 days of MIA time can lead to my dismissal from the program. I acknowledge that I will continue my 4-hour shift per week commitment upon my return. I realize that if my absence exceeds 90 days, I will be required to repeat the initial process before returning to "Active" status. Furthermore, I am aware that if I fail to return on my specified date or my absence ultimately exceeds 120 days, the maximum allowed Leave of Absence, then I may be released from the Volunteer Student Program and required to re-apply. I understand that I am not officially on leave of absence until I have been notified that my Leave of Absence request has been approved and I have turned my ID badge into the Volunteer Office.

\_\_\_\_\_  
SIGNATURE (Type your full name if submitting electronically) MM/DD/YY CURRENT DEPARTMENT

**DATES REQUESTED FOR LEAVE**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MM/DD/YY MM/DD/YY

**PLEASE DESCRIBE THE REASON FOR LEAVE (Required field)**

You must email your form to [studentvol@mednet.ucla.edu](mailto:studentvol@mednet.ucla.edu) 14 days before your intended leave.

**OFFICE USE ONLY**

**LOA DECISION:** APPROVED BY: RETURN STATUS

APPROVED \_\_\_\_\_  
TITLE

DENIED \_\_\_\_\_

**LOA TYPE:** NAME \_\_\_\_\_

SUMMER \_\_\_\_\_

OTHER SIGNATURE MM/DD/YY \_\_\_\_\_

**ID BADGE:** ENTERED BY: \_\_\_\_\_

RECEIVED \_\_\_\_\_  
INITIALS MM/DD/YY

NOT RECEIVED

**VOLUNTEER NOTIFIED ON:** \_\_\_\_\_  
MM/DD/YY