



## EMERGENCY LEAVE OF ABSENCE FORM

LTC may grant a student a leave of absence during which the student is not considered withdrawn.  
**Documentation must accompany this form.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address During Leave: \_\_\_\_\_

Current Program: \_\_\_\_\_ Instructor: \_\_\_\_\_

### Reason(s) for requesting a leave of absence:

EMERGENCY HEALTH CONDITION     FAMILY EMERGENCY     MILITARY SERVICE

OTHER: \_\_\_\_\_

Please describe reason for leave and projected dates of absence:

In order to obtain an Emergency, Leave of Absence, the student must make a written request in advance to Student Services with a Leave of Absence Request form. Valid reasons may include; emergency health condition, family emergencies, death in immediate family (includes – parents, spouse, children, siblings and grandparents only) and must include documentation. In extreme time-sensitive cases when it is impossible to notify using proper request procedure, students must contact LTC Student Services within 24 hours of emergent situation.

I understand that during the period of my leave of absence The following conditions must be met:

- I will not use Lively Technical Center's resources or facilities.
- The leave of absence must not exceed 15 scheduled days except for mitigating circumstances that are well-documented.
- The leave of absence must be complete within the same school year.
- The school will grant only **one** leave of absence in any 12-month period except in special documented situations that include jury duty or military activation.
- **Student will not receive tuition reimbursements, credits or refunds for an approved leave of absence.**
- Clock hours accrued during approved leave of absence will not apply to Pell Grant disbursement.
- Student's failure to return to school after approved leave of absence will result in withdrawal as of last date of attendance.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_

More information/action needed (Please specify):

		<input type="checkbox"/> Recommend
Instructor	Print Name & Date	<input type="checkbox"/> Do Not Recommend
		<input type="checkbox"/> Approved
Director of Student Services Signature	Print Name & Date	<input type="checkbox"/> Not Approved
Principal Signature	Print Name & Date	<input type="checkbox"/> Approved
		<input type="checkbox"/> Not Approved

Financial Aid Representative Comments:

Print Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Final Copies distributed to: (please initial)

Financial Aid \_\_\_\_\_ Date: \_\_\_\_\_ Student Accounts \_\_\_\_\_ Date: \_\_\_\_\_

Registration \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call 850.487.7631 or email [mcshanem@leonschools.net](mailto:mcshanem@leonschools.net)

Return your completed form to:  
 Lively Technical Center  
 Office of Student Services  
 500 N. Appleyard Drive  
 Tallahassee, FL 32304