



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LTC may grant a student a leave of absence during which the student is not considered withdrawn.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.

In accordance with Veterans Administration policy, students receiving V.A. benefits are not eligible to receive an Emergency Leave of Absence, with the exception of military service.

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:

Dates of leave: Start Dates: _____ Anticipated Return Date: _____

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 College'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
Coordinator of Student Services Signature	Print Name & Date	<input type="checkbox"/> Not Approved
		<input type="checkbox"/> Approved
Director Signature	Print Name & Date	<input type="checkbox"/> Not Approved

Final Copies distributed to: (please initial)

Financial Aid _____ Date: _____ Student Accounts _____ Date: _____

Registration _____ Date: _____

Questions? Call 850.487.7631 or email mcshanem@leonschools.net

Revised 03/2021

Return your completed form to:
 Lively Technical Center
 Office of Student Services
 500 N. Appleyard Drive
 Tallahassee, FL 32304
 FAX: 850-487-7430
 Email: ltc.studentservices1@leonschools.net